

## (1) PLACE OF BIRTH

County of

Greenville

Township of

or

Inc. Town of

or

City of

Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18712

Registration District No.

22A

Registered No.

269

(For use of Local Registrar)

## (2) Full Name of Child

Charles Isaac Young

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 1, 1922

## FATHER.

(8) FULL NAME

James Lewis Young

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Greenville, S.C.

(13) OCCUPATION

Laborer

(14) Number of children born to mother, including present birth

1

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## MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

Greenville, S.C.

(19) OCCUPATION

Housekeeper (Self)

(20) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

C. Morrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 10, 1922

(28)

C. Smith

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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