

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

48981

County of *Fairfield*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Fairfield*

or

Inc. Town of

or

City of

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

Registration District No. *912* Registered No. *5*

(For use of Local Registrar)

(2) Full Name of Child. *John K. Young*

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

(3) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>In sequence only in case of twins or triplets</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb. 25</i> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME *John K. Young*

(14) NAME BEFORE MARRIAGE *Mary Smith*

(9) PRESENT POSTOFFICE OF FATHER *Strathersville*

(15) PRESENT POSTOFFICE OF MOTHER *Strathersville*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *34*  
(Years)

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *46*  
(Years)

(12) BIRTHPLACE *Fairfield*

(18) BIRTHPLACE *Fairfield*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *13*

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7* *P. M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Hansy S. Williams*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Midwife | Blair St*

Given name added from a supplemental report

(26) Witness *Wade Williams*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Mar 1 1915* (28) *H. E. D. Williams*  
Local Registrar

Registrar

M. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

\*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.