

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
334 St. Phillip St.; ..... 8 ..... Ward)(2) Full Name of Child Baby Young

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 24th 1901</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Samuel Young

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Labarro S. C.

(13) OCCUPATION Laborer S. C.

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Simmons

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Charleston S. C.

(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... at 9 a ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edith J. Fuller(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 46 Morris St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness when question 22 signed a mark)

(28) 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 be reported as a stillbirth. No report is desired of a stillbirth.