

(1) PLACE OF BIRTH
County of Kershaw
Township of Orlando

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Register Only
41147

Inc. Town of Registration District No. 2701 Registered No. 227
(For use of Local Registrar)
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant? <u>Single</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11 38</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Hammie H Young</u>			(14) NAME BEFORE MARRIAGE <u>Bulah Funcher</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Candlen</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Candlen & Co</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>Lancaster Co</u>			(18) BIRTHPLACE <u>Chesterfield Co</u>	
(13) OCCUPATION <u>Textile</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Name) 12819 (Age) on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Young
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Haynesville Candlen

Given name added from a supplemental report

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

(27) Filed Jan 11 1939 (28) 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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