

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

MADE IN COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Laurin  
Township of Union  
or  
Inc. Town of .....  
or  
City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35238

Registration District No. 2902 Registered No. 108  
(For use of Local Registrar)

(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 1 1918  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Will Young</u>	(14) NAME BEFORE MARRIAGE <u>Willie May Green</u>	(9) PRESENT POSTOFFICE OF FATHER <u>McCutcheon</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McCutcheon</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>Laurin Co</u>	(18) OCCUPATION <u>Farm Hand</u>	(19) BIRTHPLACE <u>Laurin Co</u>	(20) OCCUPATION <u>Farm Hand</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna F. Williams

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

Given name added from a supplemental report

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

(27) Filed Oct 1 1918 (28) B. R. Lusk 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.