

(1) PLACE OF BIRTH

County of FairfieldTownship of WindsorInc. Town of WindsorCity of Windsor

(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

42710

Registration District No. 19-A Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Blaine Paul 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

To be answered only in case of twins or triplets

(6) Are Parents Married? No(7) DATE OF BIRTH Dec 1
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Herbert Young(15) PRESENT POSTOFFICE OF MOTHER Windsor D.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY (Years) 20(18) BIRTHPLACE Sainfield Co SC(19) OCCUPATION Cook

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Seven P.M. on the date above stated. (Born alive or stillborn) Hour A.M. or P.M.(23) (Signature) John R. Sand, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Windsor D.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 7 1910

(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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., IN CASE OF STILLBIRTHS, AND BY THE PHYSICIAN OR MIDWIFE, IN CASE OF LIVING BIRTHS. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.