

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

43324

Registration District No.

2905

Registered No. 60
(For use of Local Registrar)

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

(2) Full Name of Child

Lottie B. Young

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 16, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Sam Young

(9) PRESENT POSTOFFICE OF FATHER

Clinton, S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Laurens Co, S.C.

(13) OCCUPATION

Farming

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

1 2

MOTHER

(14) NAME BEFORE MARRIAGE

Annie Pearl Williams

(15) PRESENT POSTOFFICE OF MOTHER

Clinton, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Laurens Co, S.C.

(19) OCCUPATION

Housekeeper

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Clinton, S.C. R #1

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

Dec 19, 22

(28) 1922

F. L. Dorman

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.