

(1) PLACE OF BIRTH

County of Charlottesville
 Township of Rich Springs
 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

18020

Registration District No. 401BRegistered No. 1
(For use of Local Registrar)

City of (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

Unnamed Young

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 3 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harold Young

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie May Young

(15) PRESENT POSTOFFICE OF MOTHER

Arcadia, D.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

D.C.

(19) OCCUPATION

Housewife

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

Two

(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 11:00 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lina + Hayden

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Arcadia, D.C.

(26) Given name added from a supplemental report

(26) Witness

S. F. Singleton M.D.

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Feb 1 1923

(28)

S. B. Moore

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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