

## (1) PLACE OF BIRTH

County of Hamperster  
 Township of Wayhau  
 or  
 Inc. Town of Osceola  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**19228**

Registration District No 2807 Registered No. 23  
 (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 Margaret Helen Young If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL? girl (4) Twin or Triplet? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 17, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Robert Clyde Young  
 (9) PRESENT POSTOFFICE OF FATHER Osceola S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20  
 (12) BIRTHPLACE S. Car.  
 (13) OCCUPATION Farmer

MOTHER  
 (14) NAME BEFORE MARRIAGE Lillian Helms  
 (15) PRESENT POSTOFFICE OF MOTHER Osceola S. Car.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
 (18) BIRTHPLACE N. Car.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. R. McCain  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wayhau N.C.

Given name added from a supplemental report Carol  
 (26) Witness B. J. Richardson (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed July 5, 22 (28) B. J. Richardson 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.