

Form No. 1

(1) PLACE OF BIRTH

County of McComick

Township of

Inc. Town of

City of

(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

Registration District No. 4502

File No. — For State Registrar Only

15005

Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child

Edmund Young

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 12 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Young

(9) PRESENT POSTOFFICE OF FATHER Bordeaux

(10) COLOR OR RACE Blk. (11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE Wickory Flat S.C.

(13) OCCUPATION Carpenter

(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Raisy Borne

(15) PRESENT POSTOFFICE OF MOTHER Bordeaux

(16) COLOR OR RACE Blk. (17) AGE AT LAST BIRTHDAY 28
(Year)

(18) BIRTHPLACE Lincoln Ga

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Channel
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bordeaux

Given name added from a supplemental report

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

(27) Filed Mar 10 1923 (28) B. A. Mathison 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.