

## (1) PLACE OF BIRTH

County of Greenville  
 Township of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

Inc. Town of ..... Registration District No. 35A Registered No. 15749  
 or ..... (For use of Local Registrar)  
 City of Greenville (No. 510 Stford St. 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 William 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1, 1922  
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Lewis Young  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Greenville S.C.  
 (13) OCCUPATION Labourer

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Jackson  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE Greenville S.C.  
 (19) OCCUPATION Housekeeper  
 (21) Number of children of this mother new living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Norman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191....

(26) Witness .....

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

(27) Filed July 10, 1922

(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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