

(1) PLACE OF BIRTH

County of Orange

Township of 7

Inc. Town of

City of

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

(2) Full Name of Child

George Washington Young

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

(3) SEX OF CHILD <u>Boy</u>	(4) TYPE OF BIRTH <u>To be reported as one of Twin or Triple</u>	(5) NUMBER IN ORDER OF BIRTH <u>1st</u>	(6) DATE OF BIRTH <u>Aug 24 1928</u>
(7) FATHER'S NAME <u>Washington Young</u>		(8) MOTHER'S NAME <u>Rose Young</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Waverly Mills, S. C.</u>		(10) PRESENT RESIDENCE OF MOTHER <u>Waverly Mills, S. C.</u>	
(11) COLOR OR RACE <u>Negro</u>	(12) AGE AT LAST BIRTHDAY <u>24</u>	(13) COLOR OR RACE <u>Negro</u>	(14) AGE AT LAST BIRTHDAY <u>27</u>
(15) BIRTHPLACE <u>S. C.</u>		(16) BIRTHPLACE <u>S. C.</u>	
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>18</u>		(20) Number of children of this mother now living, including present birth <u>18</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Charlotte Young
(23) State whether Physician or Midwife
(24) Address of Physician or Midwife
Waverly Mills, S. C.

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 21 is signed by mother)
(26) Date Aug 29 1928 (27) Paula Shepherd 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.

FIRST-GEN. No. 1 THE OTHER, No. 2, etc. In counties of Columbia, S. C.