

(1) PLACE OF BIRTH

County of FlorenceTownship of TIMMONSVILLE, S. C.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

4167

Registration District No. 2010 Registered No. 8
(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 J. B. Laylor

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

(3) SEX OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20, 22
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathaniel Laylor(9) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Year)(12) BIRTHPLACE Lee Co(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Louina Brown(15) PRESENT POSTOFFICE OF MOTHER TIMMONSVILLE, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Florence Co(19) OCCUPATION House wife(20) Number of children of this mother now 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 Alive at 11 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Augustine Lilly

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife TIMMONSVILLE, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 26, 22(28) AK Meason 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.

MARRIAGE RECORDS FOR 1922. WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE 1 CARD FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

WRITE IN
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