Form No. 2

(1) PLACE OF BIRTH

County of Lexington

Township of Hollow Creek

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only 4933

Registration District No. 3108 Registered No. 6 (For use of Local Registrar)

(2) Full Name of Child Evelyn Pauline Taylor (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	—	5	Yes	Jan. 29, 1922

FATHER.

(8) FULL NAME Elmer Chan Taylor

(9) PRESENT POSTOFFICE OF FATHER Gilbert, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Smith

(15) PRESENT POSTOFFICE OF MOTHER Gilbert, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Home Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) O. A. Smith M. D.

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Gilbert S.C.

Given name added from a supplemental report 8/21/42

..... 19..

Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 10 1922 (28) T. H. Lull
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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PARENT-BORN, No. 1, 2 or 3, etc., in question 5.

MAILED FREE BY STATE BOARD OF HEALTH, COLUMBIA, S. C.

WRITE PLAINLY, WITH UNFADING INK—FILL IN ALL BLANK SPACES.