

THIS FORM IS TO BE FILLED OUT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville  
Township of 9  
or  
Inc. Town 9  
or  
City of Greenville (No. 9 St. James 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  
26147

Registration District No. 25A Registered No. 394  
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 26, 22</u> (Name of Month) (Day) (Year)
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FATHER.  
(8) FULL NAME James C. Taylor  
(9) PRESENT POSTOFFICE OF FATHER Lais St  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION money exchange  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Marine Bryan  
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) 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 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Walker  
(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

19 Registrar

(27) Filed Aug 17, 1922 (28) C. E. Smith 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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MOGAW OF COLUMBIA, COLUMBIA, S. C.

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