

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Greenville  
 Township of 9  
 OR  
 Inc. Town 9  
 OR  
 City of Greenville (No. Louis St. Jamieson Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
26147  
 Registered No. 394  
(For use of Local Registrar)

Registration District No. 25A

**(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> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>James C. Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Marine Bryan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Louis St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>4.5</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>money exchange</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>

**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 Phys. Physician or Midwife  
 (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report  
 (26) Witness CE Smith  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 17, 1922 (28) CE 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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DEPARTMENT OF HEALTH, COLUMBIA, S. C.

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