

Form No. 1

(1) PLACE OF BIRTH

County of

Abbeville
Howards

Township of

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

2609

Registration District No. 105

Registered No. 11
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sallie May Taylor

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

(3) SEX OF CHILD Male (4) Twin or Triplet (5) Number in order of birth 10th (6) Age at birth 1 year (7) DATE OF BIRTH Feb. 6, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edmund Taylor
(9) PRESENT POSTOFFICE OF FATHER Howards, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45
(12) BIRTHPLACE Abbeville Co.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Bradley
(15) PRESENT POSTOFFICE OF MOTHER Howards, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40
(18) BIRTHPLACE Abbeville Co.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature) Lelara Stewart

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife

Howards, S.C.

Given name added from a supplemental report

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

(26) Date Feb. 10, 1923

(27) Sallie Humphrey
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and add the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.