

Form No. 1

## (1) PLACE OF BIRTH

County of Richland Co.  
 Township of Lower  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803

File No.—For State Registrar Only

32007Registered No. 227  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 (No. .... St.; ..... Ward)

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept-18-22  
 (Name) (Month) (Day) (Year)

FATHER.  
 8) FULL NAME Poleon Taylor  
 9) PRESENT POSTOFFICE OF FATHER Eastover SC  
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 12) BIRTHPLACE .....

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth { .....

MOTHER.  
 14) NAME BEFORE MARRIAGE Essie Brooks  
 15) PRESENT POSTOFFICE OF MOTHER Eastover SC  
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 33  
 (Years)  
 18) BIRTHPLACE .....

19) OCCUPATION Farmer

21) Number of children of this mother now living, including present birth { .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife .....

Given name added from a supplemental report

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

(27) Filed 9/27 ..... 1922. (28) SC Ferguson 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.

THIS IS A PERMANENT RECORD. 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.