Form No. 1

(1) PLACE OF BIRTH

County of Newberry

Township of Cardwell

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: 5430

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

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

(3) BOY OR GIRL: Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH: Feb. (Month) 11 (Day) 23 (Year)

To be answered only in event of Twins or Triplets

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME: W. J. Taylor | (14) MAIDEN NAME BEFORE MARRIAGE: Ollie McCarter |
| (9) PRESENT POSTOFFICE OF FATHER: Pomo S.C. | (15) PRESENT POSTOFFICE OF MOTHER: Pomo S.C. |
| (10) COLOR OR RACE: white (11) AGE AT LAST BIRTHDAY: 29 (Years) | (16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 27 (Years) |
| (12) BIRTHPLACE: S.C. | (18) BIRTHPLACE: S.C. |
| (13) OCCUPATION: Farmer | (19) OCCUPATION: |
| (20) Number of children born to mother, including present birth: 2 | (21) Number of children of this mother now living, including present birth: 2 |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Alive or Stillborn) at 2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. O. Dickert

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife: Physician Cardwell S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) G. L. Cantelou
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark (6)
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Vital Statistics, S. C.