

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Greenville

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

18747

Registration District No. 22A Registered No. 320  
 (For use of Local Registrar)

(No. 268 Briggs Ave St., ..... Ward)

(2) Full Name of Child Sa Ruth 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 June 27, 1922  
 (Specify Month) (Day) (Year)

## FATHER.

(8) FULL NAME Pierce Franklin Taylor  
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
 (Years)  
 (12) BIRTHPLACE Greenville, Co. S.C.  
 (13) OCCUPATION Salesman.

(22) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Langley  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (18) BIRTHPLACE Greenville, Co. S.C.  
 (19) OCCUPATION Housewife.

(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was at home at 1:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. B. Smith (24) State or other Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed July 7, 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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