

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James A. Taylor

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

7-27-23

(Name of Month) (Day) (Year)

(8) FULL NAME

Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

3

(14) NAME BEFORE MARRIAGE

Lillie Taylor

(15) PRESENT POSTOFFICE OF MOTHER

B. 4 Gaffney S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farm hand

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated.at 9 P. M., (Hour A. M. or P. M.)(22) (Signature) Corry Dorris

(23) State whether Physician or Midwife

Midwife

(24) Address of Physician or Midwife

B. 4 Gaffney S. C.

(25) Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-7-23(28) Ella Brown

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.