

(1) PLACE OF BIRTH

County of Sumter
 or
 Township of Privateer
 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

2588

Registration District No. 4104Registered No. U
(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 Isiah Taylor Jr.

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 --- (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 12, 1908
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Taylor(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. No. 2.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Sumter County, S.C.

(13) OCCUPATION

Farming(20) Number of children born to mother, including present birth Nine

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brown(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. No. 2.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 42
(Years)(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION

House and Field Work.(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 born alive at 9 A.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife Address of Physician or Midwife Sumter, S.C. No. 2

Given name added from a supplemental report

(25) Witness [Signature] (Signature of witness necessary only when question 22 is signed by mark)(26) Filed 1-13-08 1908 (27) Local Registrar [Signature]

*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.

REMARKS: BIRTH WITH UNFADING INC.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS, THIS IS AN ANALOGOUS BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

RECEIVED: SUMTER, S.C.