

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Helen

Inc. Town of

City of

(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 HealthRegistration District No. 608 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child Evelyn Taylor

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1st</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>MAY 30 1923</u>
				(Name of Month) (Day) (Year)

FATHER.

9) FULL NAME Willie Taylor10) PRESENT POSTOFFICE OF FATHER Frogmore SC11) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Year)12) BIRTHPLACE South Carolina13) OCCUPATION Farmer20 Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Viola Mattis15) PRESENT POSTOFFICE OF MOTHER Frogmore SC16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29 (Year)18) BIRTHPLACE South Carolina19) OCCUPATION Farmer(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 born alive at 12:00 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Gracie Frazier Frogmore S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness Nurse Kirk (Signature of Witness necessary only when question 23 is signed by male)(27) Filed 5/30/23 (28) W. B. Johnson 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.