

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 4

(1) PLACE OF BIRTH

County of Backus  
 Township of St. Stephens  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 6065—For State Registrar Only

Registration District No. 706 Registered No. ....  
 (For use of Local Registrar)

(My of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Status in case of birth No (6) Age of Person Married No (7) DATE OF BIRTH April 10 1923  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John Taylor</u>	(14) NAME BEFORE MARRIAGE <u>Married</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Backus</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Backus</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Year)
(12) BIRTHPLACE <u>Backus</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>Backus</u>	(20) OCCUPATION <u>Farmer</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated. (Born alive or stillborn) Hour 10 M. or P. M.

(24) (Signature) [Signature] (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Backus

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
 (28) Date Mar 20 1923 (29) [Signature]

\*When there was no attending physician or midwife, the father, mother, or other person should make a report of the birth to the State Registrar.