

(1) PLACE OF BIRTH

County of Lexington  
Township of Conjaree

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31164

Inc. Town of ..... Registration District No. 3105 Registered No. 101  
(For use of Local Registrar)  
City 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 Horice Mozell Taylor { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? G (4) Twin or Triplet? 1 (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 28 1924  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Julius Taylor  
(9) PRESENT POSTOFFICE OF FATHER Brookland R.R.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Lexington Co  
(13) OCCUPATION Farmer  
(14) Number of children born to father, including present birth Six

MOTHER.  
(14) NAME BEFORE MARRIAGE Floida Stockman  
(15) PRESENT POSTOFFICE OF MOTHER Brookland  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE Lexington Co  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 P M. on the date above stated. (Day, 28 or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Seeger  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 2670 Main St

Given name added from a supplemental report  
..... 101.....  
.....  
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10/9 1924 (28) A. R. Lybrand 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.

Only

Ward)

make ected

More

lsc

P. M. P. M.

Midwife

str. urn.

Reg. THIS OFFICE, No. 2, etc., in question 2.