

WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD
 * B—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 5

(1) PLACE OF BIRTH

County of York
 Township of York
 Inc. Town of York
 City of York

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

File No.—For State Registrar Only
7079

Registration District No. 2059 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL Boy
 4) Twin or Triplet? No
 5) Number in order of birth 1
 To be answered only in event of Twin or Triplet
 FATHER
 6) FULL NAME James H. Taylor
 7) PRESENT POSTOFFICE OF FATHER York
 10) COLOR OR RACE White
 11) AGE AT LAST BIRTHDAY 29
 12) BIRTHPLACE York, S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 1

If child is not yet named, make supplemental report as directed
 7) DATE OF BIRTH May 24, 1913
 (Name of Month) (Day) (Year)

MOTHER

14) NAME BEFORE MARRIAGE Miss Mary Taylor
 15) PRESENT POSTOFFICE OF MOTHER York
 16) COLOR OR RACE White
 17) AGE AT LAST BIRTHDAY 38
 18) BIRTHPLACE York, S.C.
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) James H. Taylor
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report
 19) Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 20 1913 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 6th month of pregnancy.