

Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

Department of Health & Education

State Board of Health

FILING - PUBLIC HEALTH DEPARTMENT
50795

(1) PLACE OF BIRTH

County of YorkTownship of Cheneyor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 4405 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child John H. Taylor

If child is not yet named, give supplemental report by physician

(3) BOY OR
GIRL(4) Yes
Is it a twin?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTHJan 24

FATHER

(8) FULL
NAMEJohn H. Taylor(9) PRESENT
POSTOFFICE
OF FATHEROld Point S.C.(10) COLOR
OR
RACEN.(11) AGE AT LAST
BIRTHDAY38

(Years)

(12) BIRTHPLACE

York Co S.C.

(13) OCCUPATION

Bookkeeper(14) Number of children born to
mother, including present child5

MOTHER

(15) NAME BEFORE
MARRIAGEJames Harris(16) PRESENT
POSTOFFICE
OF MOTHEROld Point S.C.(17) COLOR
OR
RACEN.(18) AGE AT LAST
BIRTHDAY38

(Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present child5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was
on this date when placed

(23) Signature

Dr. C. C. Harris

(24) Address of Physician or Midwife

Address of Physician or Midwife

Given under oath before a Notary Public

(25) Signature

Notary Public

Given under oath before a Notary Public

(26) Signature

Notary Public

MARGIN RESERVED FOR BINDING.

THREE FRANKS WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.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.

State of Columbia.