

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Inc. Town of Abbeville

City of Abbeville

(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 Health

File No.—For State Registrar Only

5578

Registration District No. 1 A

Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child. James Wallace Taylor

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Taylor

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Anderson S.C.

(13) OCCUPATION Mill Operative

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Annie Belle Greene

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Abbeville S.C.

(19) OCCUPATION Housewife

(20) 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) June 11 1923 (28) Mrs. Julia McAllister 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.

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