

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of Columbia, S.C.

or

City of

(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

36204

Registration District No. 35aRegistered No. 1518

(For use of Local Registrar)

(No. Liberty Hill St.; Ward)

(2) Full Name of Child

unn Name

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of Birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Oct 27, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hector Taylor

(9) PRESENT POSTOFFICE OF FATHER

Edge Wold P.O.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

26 (Year)

(12) BIRTHPLACE

Child's

(13) OCCUPATION

laborer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Clouise Jones

(15) PRESENT POSTOFFICE OF MOTHER

Edge Wold P.O.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25 (Year)

(18) BIRTHPLACE

Columbia, S.C.

(19) OCCUPATION

Laundress

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6: A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Charley Pearson midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

31 Elmore Ave.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10-31-1922

(28)

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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