

STATE OF NEW YORK

CERTIFICATE OF BIRTH

County of Livingston

Township of

Inc. or Town of Johnsville

City of

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

Registration District No. 2018

Registration No. 2204
(For use of Local Registrar)

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

(2) Full Name of Child Mary

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

(1) SEX OF CHILD <u>Girl</u>	(4) Type of Birth <u>Single</u>	(3) Number in order of birth <u>1</u>	(5) Are Parents Married? <u>Yes</u>	(6) DATE OF BIRTH <u>May 26 1922</u> (Month) (Day) (Year)
FATHER			MOTHER	
(7) FULL NAME <u>W. H. Mary</u>			(10) NAME BEFORE MARRIAGE <u>R. D. Taylor</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Johnsville SC</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Johnsville SC</u>	
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(14) COLOR OR RACE <u>W</u>		
(15) BIRTHPLACE <u>SC</u>		(16) BIRTHPLACE <u>SC</u>		
(17) OCCUPATION <u>Electrician</u>			(18) OCCUPATION <u>housewife</u>	
(19) Number of children born to mother, including present birth <u>2</u>			(20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 7 20 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Johnsville SC

Given name added from a supplemental report

101

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by father)

(27) Filed May 11 1922 (28) A. H. Taylor 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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