

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of Charleston S.C.
 or
 Inc. Town of Charleston S.C.
 or
 City of Charleston S.C.
 (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

10276

Registration District No. 9 ARegistered No. 564
(For use of Local Registrar)St. Ward

(2) Full Name of Child

(3) DOB OR 5-15-22
 (4) Twin or Triplet? Single
 (5) Number in order of birth 1
 To be answered only in event of Twin or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH April 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Taylor
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Caucasian
 (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION Blacksmith
 (14) Number of children born to mother, including present birth 4 children

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Harnerston
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE Caucasian
 (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 3 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 a.m.
 on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Sarah Brown
 (24) State whether, Physician or Midwife midwife

(25) Address of Physician or Midwife 35 Chestnut

Given name added from a supplemental report

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

(27) Filed 4/19/22(28) Local Registrar J. M. Green

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.

A OF CHATTESSON

A OF SOUTH CAROLINA