

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

OR

Inc. Town of .....

OR

City of .....

(No. .... St. .... Ward)

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

(2) Full Name of Child James E. Taylor

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

(3) ~~BOY OR~~  
GIRL?(4) ~~Twins~~  
or Triplets?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH. Dec 27 2  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME John Taylor(9) PRESENT  
POSTOFFICE  
OF FATHER Anderson(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 32  
(Years)(12) BIRTHPLACE GA(13) OCCUPATION mill(20) Number of children born to  
mother, including present birth 4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Josephine Garland(15) PRESENT  
POSTOFFICE  
OF MOTHER Anderson(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 33  
(Years)(18) BIRTHPLACE GA(19) OCCUPATION Domestic(21) Number of children of this mother  
now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive 24 M.,  
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

Given name added from a supplemen-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed ..... 19 ..... (28) B. CRAYTON  
Local Registrar.\*When there was no attending physician or midwife, then the father, householder, etc., should sign this return.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

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CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. - For State Registrar Only  
**40748**Registration District No. 3A Registered No. 482  
(For use of Local Registrar)