

PLACE OF BIRTH

County of Kingston.....

Township of Rocking Springs

12. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19396

In Town of Registration District No. 3109 Registered No. 51
(For use of Local Registrar)

City of _____ (No. _____ St. _____ Ward _____)
 _____ (If person is in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Wilmer Drennon Taylor If child is not yet named, make supplemental report as directed

(4) Twin or triplet? (5) Number in order of birth

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(6) Are Parents Married? *yes*

(7) DATE OF BIRTH June, 23, 1912
(Name of Month) (Day) (Year)

FATHER.
NAME John Luther Taylor

PRESENT
FIRST DEPT
OF BARRON

AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Livingston, S.C.

11 OCCUPATION Farmer

Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE *Queen Annie Fox*

(15) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Edmond, SC.

(19) OCCUPATION *Home*

(21) Number of children of this mother
now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

23) I hereby certify that I attended the birth of this child, who was Alan, at 11 5 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. ...

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

Given name added from a supplemental report

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

(27) Filed July 24 1912 (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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