

Taylor. Kenneth O'neal 7/1/43

Lexington ✓

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of *Lexington*
Township of *Lexington*
or
Inc. Town of *Lexington*
or
City of *Lexington*

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

FILE No.—For State Registrar Only

Vol 2, 1943 # 1684

Registered No.

(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 *Kenneth O'neal Taylor*

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

3. Boy or Girl *Boy* If Plural births *4* 4. Twins, triplets or other..... 6 Premature..... 7. Are Parents *Yes* 8. Date of birth *1-29-23*
(Month, day, year)

9. Full name *FATHER Sam E. Taylor* 18. Name before marriage *MOTHER Effie Crout*

10. Residence (mailing address) *Lexington* 19. Residence (mailing address) *Lexington*
(If non-resident, give place and State)

11. Color or race *W* 12. Age at last birthday *36* (years) 20. Color or race *W* 21. Age at last birthday *36* (years)

13. Birthplace (city or place) *Lex Co* (State or country) 22. Birthplace (city or place) *Lex Co* (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Paliseman</i>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <i>Home work</i>
	15. Industry or business in which work done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <i>own home</i>
	16. Date (month and year) last engaged in this work 19.....		25. Date (month and year) last engaged in this work 19.....
	17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living *6* (b) Born alive but now dead *1* (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *6:30 A* m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at m. on above date (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

{ When there was no attending physician }
or midwife, then the father, householder }
etc., should make this return.

Given name added from
a supplementary report..... (Date of)

(Signed) *J. H. Mathias*, M. D.

or Midwife

Address *Lexington*

Filed *June 30, 1943* L.A. Riser, M.D.

Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)