

Form No. 1

(1) PLACE OF BIRTH

County of M. S. Carmick

Township of M. Carmick

or
Inc. Town of

or
City of

(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

7743

Registration District No. 4545 Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Hazel Taggart

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

(3) SEX Girl

(4) Twin or Triplet? None

Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 3-14-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Taggart

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 42
(Years)

(12) BIRTHPLACE Asheville Co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Wiseman

(15) PRESENT POSTOFFICE OF MOTHER Asheville

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Asheville Co S.C.

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hauett Gray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 3-20-23 (28) D. J. S. Smith 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.