(1) PLACE OF BIRTH

County of T. Maverick

Township of .....

or

Inc. Town of .....

or

City of C. Charleston (No. 7 Margaret St.) ..... Ward)

(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

9A

File No.—For State Registrar

524

Registration District No. ..... Registered No. 149

(For use of Local Registrar)

(2) Full Name of Child Celestine Taylor

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

(3) SEX OF CHILD: Girl

(4) Twin or Triplet — To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Twins Identical: yes

(7) DATE OF BIRTH: Jan. 12 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: William Taylor

(9) PRESENT POSTOFFICE OF FATHER: City

(10) COLOR OR RACE: Colored

(11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: Charleston

(13) OCCUPATION: Blacksmith

(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) MAIDEN SURNAME: Louise Boylan

(15) PRESENT POSTOFFICE OF MOTHER: [redacted] City

(16) COLOR OR RACE: Colored

(17) AGE AT LAST BIRTHDAY: 38 (Years)

(18) BIRTHPLACE: Charleston

(19) OCCUPATION: Cook.

(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... Alive ..... at 3.55 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Anna [illegible]

(24) State whether Physician or Midwife

(25) [illegible] Physician or Midwife: Midwife

(Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness .....

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

(27) Filed 1/23 19 23 (28) ..... Registrar

*When there was no attending physician or midwife, then the father, householder, [illegible] must report the birth. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.