

(1) PLACE OF BIRTH

County of ColumbiaTownship of Warren

Inc. Town of

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 HealthRegistration District No. 1710

No. for this Register

17312

Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child

Michael Taylor

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

(3) BOY OR GIRL

Girl

(4) Type or Token

Is recorded in order of birth

(5) Number in order of birth

6th

(6) Sex

Female

(7) DATE

July 23, 1923

BIRTH

(Month) (Day) (Year)

FATHER

(8) FULL NAME

J. T. Taylor

(9) PRESENT POSTOFFICE OF FATHER

Summerville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1st

MOTHER

(14) NAME BEFORE MARRIAGE

Anna B. Utsey

(15) PRESENT POSTOFFICE OF MOTHER

Summerville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Dom. Work

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

1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(Given name added from a supplemental report)

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) DIED July 6, 1923(27) R. M. Utsey
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.

Registrar

LOCAL REGISTRAR

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