

(1) PLACE OF BIRTH

County of Berkeley
 Township of Ward
 or
 City of Ward

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

31226

Registration District No. 707 Registered No. 31226
 (For use of Local Registrar)

(2) Full Name of Child Priscilla Traylor
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as required.

(1) SEX OF CHILD <u>girl</u>	(2) TIME OF BIRTH <u>7:00 AM</u>	(3) NUMBER OF CHILD <u>1</u>	(4) DATE OF BIRTH <u>Oct 1, 1928</u>
(5) FATHER <u>Thom Traylor</u>		(6) MOTHER <u>Maybell Traylor</u>	
(7) PRESENT RESIDENCE OF FATHER <u>Wando SC</u>		(8) PRESENT RESIDENCE OF MOTHER <u>Wando SC</u>	
(9) COLOR OF CHILD <u>Cal</u>	(10) AGE AT LAST BIRTHDAY <u>21</u>	(11) COLOR OF MOTHER <u>Cal</u>	(12) AGE AT LAST BIRTHDAY <u>18</u>
(13) BIRTHPLACE <u>Charleston SC</u>		(14) BIRTHPLACE <u>Berkeley SC</u>	
(15) OCCUPATION <u>Terpentine Island</u>		(16) OCCUPATION <u>at home</u>	
(17) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>1 one</u>		(18) NUMBER OF CHILDREN OF THE MOTHER NOW ALIVE <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born 30 days old on the date above stated.

(20) (Signature) Dr. J. H. Traylor
 (21) Name of Physician or Midwife
 (22) Address of Physician or Midwife
Wando SC

(23) WITNESSES
 (24) Signature of Witness
 (25) Name of Witness
Oct 1, 1928
 (26) Signature of Local Registrar
Wando SC

(27) This certificate, when properly filled out, should make this report a permanent record of the birth of the child. No report is desired of stillbirths.