

(1) PLACE OF BIRTH

County of FlorenceTownship of Tanna Bay

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

42431

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Bary Daniel Taylor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>12/18</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME R. Gary Taylor(9) PRESENT POSTOFFICE OF FATHER Effingham SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Florence Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Allie Baxter(15) PRESENT POSTOFFICE OF MOTHER Effingham SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Hicks (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 7 Florence, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 18 1922 (28) W. H. Worrell 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.