

(1) PLACE OF BIRTH

County of *Spencer*Township of *Spencer*or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

5250

Registration District No. *4 (17)*Registered No. *28*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *David Herbert Taylor*

If child not yet named, make supplemental report as directed

(3) SEX OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>2/13/1913</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Frank Taylor</i>			(14) NAME BEFORE MARRIAGE <i>Bessie Haywood</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Pauline</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Pauline</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>36</i> (Year)			(17) AGE AT LAST BIRTHDAY <i>38</i> (Year)	
(12) BIRTHPLACE <i>Ala</i>			(18) BIRTHPLACE <i>Ala</i>	
(13) OCCUPATION <i>Housewife</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>10</i>			(21) Number of children of this mother now living, including present birth <i>5</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Living* at *9 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *March 1, 1913*(28) *March 1, 1913*(29) *Mrs. J. C. Taylor*

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.

When there was no attending physician or midwife, even two months before the fifth month of pregnancy, 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.