

(1) PLACE OF BIRTH

County of OrangeburgTownship of Liberty

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.)

(2) Full Name of Child Chester Taylor

File No.—For State Registrar Only

39663

Registration District No. 3610Registered No. 57
(For use of Local Registrar)(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH Sept 28 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE W

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE Mazie J. Gue(15) PRESENT
POSTOFFICE
OF MOTHER Orangeburg SC(16) COLOR
OR
RACE W

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive at... 11:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. H. Walter, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by marks)(27) Filed Nov 9 1922(28) T. J. Gue
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.