

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *S. C.*Township of *D. C.*

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 *David E. Smith Taylor*(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Sept. 3, 1922*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Jesse Taylor*(9) PRESENT POSTOFFICE OF FATHER *White Plains*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *27* (Year)(12) BIRTHPLACE *W. C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *1:00* M., on the date above stated. (Hour of Day of P. M.)

(23) (Signature) *D. E. Smith Taylor*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *W. C.*

Given name added from a supplemental report

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

(27) Filed *11-1-1922* (28) *W. C. R.* 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.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36473

Registration District No. *4006*Registered No. *134*
(For use of Local Registrar)

Registrar Only

35

Registrar

Ward

make directed

2

no

C

3

1

M.

N.

file

C