

(1) PLACE OF BIRTH County of <i>Sparta</i> Township of <i>Woodruff</i> 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 <b>32391</b>		
		Registration District No. <i>4009</i> Registered No. <i>1734</i> (For use of Local Registrar)		ly		
				St. <i>Ward</i>		
(2) Full Name of Child <i>John Alexander Taylor Jr.</i>		If child is not yet named, make supplemental report as directed				
(3) BOY OR GIRL?	(4) Twin or Triplet? <i>Is it second only, or last of Twins or Triplets?</i>	(5) Number in order of birth	(6) Are Parents <i>Married</i>	(7) DATE OF BIRTH <i>Sept. 22</i> (Name of Month) (Day) (Year)		
FATHER		MOTHER				
(8) FULL NAME <i>John Alexander Taylor</i>	(14) NAME BEFORE MARRIAGE <i>June Mae Pace</i>					
(9) PRESENT POSTOFFICE OF FATHER <i>Woodruff SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Woodruff SC</i>					
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>21</i> (Years)	(16) COLOR OR RACE <i>White</i> (17) AGE AT LAST BIRTHDAY <i>22</i> (Years)				
(12) BIRTHPLACE <i>Sparta</i>	(18) BIRTHPLACE <i>Sparta</i>				(19) OCCUPATION <i>Resentia</i>	
(20) OCCUPATION <i>Former</i>					(21) Number of children born to mother, including present birth <i>4</i>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.						
(22) I hereby certify that I attended the birth of this child, who <i>born alive</i> at <i>10:00 A.M.</i> (Hour A.M. or P.M.) on the date above stated.						
(23) (Signature) <i>Physician</i> (24) State where Physician or Midwife <i>Woodruff</i> (25) Address of Physician or Midwife <i>Woodruff</i>						
Given name added from a supplemental report 101..... Registrar.....						
(26) Witness <i>L. Boyter</i> (Signature of Witness necessary only when question 23 is signed by mark)						
(27) Filed <i>Oct. 10, 1942</i> (28) Loc. Registrar <i>L. Boyter</i>						

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.