

## (1) PLACE OF BIRTH

County of LexingtonTownship of Corbridge

or

Inc. Town of .....

or

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3105

File No.—For State Registrar Only

19378Registered No. 58  
(For use of Local Registrar)(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Wilemener Taylor

If child is not yet named, make supplemental report as directed

3. ~~MALE~~  
GIRL?

4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 9, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Amos Taylor

9) PRESENT POSTOFFICE OF FATHER

New Brookland SC

10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

35  
(Years)

12) BIRTHPLACE

Richland Co

13) OCCUPATION

farmer

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Allen Blocker

(15) PRESENT POSTOFFICE OF MOTHER

New Brookland SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

Richland SC

(19) OCCUPATION

house wife

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Midwife Frances Wynn

(24)

State whether Physician or Midwife

(25) Address of Physician or Midwife

New Brookland SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/28 19 22

(28)

J. C. Lyocum  
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.

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