

(1) PLACE OF BIRTH

County of Marion
 Township of Reamer
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4985

Registration District No. 3705 Registered No. 4
 (For use of Local Registrar)

City of (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 William Carlisle Taylor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? --- (5) Number in order of birth --- (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7, 1922
 To be answered only in event of Twins or Triplets (Same of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Henry Taylor
 (9) PRESENT POSTOFFICE OF FATHER Michals SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 53 (Year)
 (12) BIRTHPLACE Shenandoah County SC
 (13) OCCUPATION Farm

MOTHER.
 (14) NAME BEFORE MARRIAGE Willie Rogers
 (15) PRESENT POSTOFFICE OF MOTHER Michals SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 42 (Year)
 (18) BIRTHPLACE Marion County SC
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 1, 1922 (28) J. H. Smith 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.

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.
 MCGRAW HILL BOOK CO., COLUMBIA, S. C.