

## (1) PLACE OF BIRTH

County of York  
 Township of 3rd  
 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

20206

Registration District No. 4522 Registered No. 4522  
 (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 James Taylor If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? <u>Boy</u>	4. Twin <u>born</u> To be answered only in case of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Jan 7 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>James Taylor</u>	(14) NAME BEFORE MARRIAGE <u>Almy Killman</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Pawnee</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pawnee</u>			
10. COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
12. BIRTHPLACE <u>Pa.</u>	(18) BIRTHPLACE <u>Pa.</u>			
13. OCCUPATION <u>Owner</u>	(19) OCCUPATION <u>Dom.</u>			
20. Number of children born to mother, including present birth <u>16</u>		21. Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3:30 P.M., on the date above stated.  
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) D. S. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pa.

Given name added from a supplemental report

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

(27) Filed Jan 11 1922 (28) Mrs. J. C. White 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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