

FORM NO. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of .....

Inc. Town of .....

City of Georgetown

(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 Registration Only

55911

Registration District No. 21-ARegistered No. 374

(For use of Local Registrar)

(No. 1 of 1 born)

St. .... Ward .....

(2) Full Name of Child

Wm. W. Taylor

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April, 11, 1906

Is he supposed to be in case of Twin or Triplet?

## FATHER.

(8) FULL NAME

Wm. Washington Taylor

(9) PRESENT POSTOFFICE OF FATHER

Georgetown, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Georgetown S.C.

(13) OCCUPATION

Merchant

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Freeman Boone

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown - S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

Pendleton - N.C.

(19) OCCUPATION

Housekeeper

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

3

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Georgetown (Born alive or stillborn) (Date A. M. or P. M.)(23) (Signature) W. M. Gaillard(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

..... 181 .....

..... Registrar

(26) Witness

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

(27) Filed

Apr. 15, 1906

(28)

W. M. Gaillard 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. McCaw, of Columbia.