

(1) PLACE OF BIRTH

County of Bamberg
 Township of
 OF
 Inc. Town of Bamberg
 OF
 City of (No. St. Ward ..)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

261

Registration District No. 4-ARegistered No.
(For use of Local Registrar)(2) Full Name of Child Byrlee Elizabeth Taylor If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME H. I. Taylor
 (9) PRESENT POSTOFFICE OF FATHER Bamberg
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Colleton
 (13) OCCUPATION Mill Operative
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Hughes
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Colleton
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rebecca Shaver(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/1/2819 22

(28)

John Coover

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 sixth month of pregnancy.

REG. OF SOUTH CAROLINA, COLUMBIA, S. C.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
 N. B.—In case of TWINS or TRIPLETS, give name of each child.