

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

(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 Registrar Only

32844

Registration District No. 110 Registered No. 17
(For use of Local Registrar)

Ward

(2) Full Name of Child Lucy Taggart

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? (7) DATE OF BIRTH Sep 13 1922 (Name of Month) (Day) (Year)

(8) FULL NAME FATHER. Robert Taggart (14) NAME BEFORE MARRIAGE Marie Weston

(9) PRESENT POSTOFFICE OF FATHER Abbeville (15) PRESENT POSTOFFICE OF MOTHER Abbeville

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY (Years) (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE (18) BIRTHPLACE Abbeville

(13) OCCUPATION Farmer (19) OCCUPATION farm hand

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elizabeth H. Probst (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 25 1922 (28) R. B. Jones 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 RESERVING FOR BINDING

THIS IS A PREPARED FORM FOR THE STATE OF SOUTH CAROLINA. IT IS NOT TO BE USED FOR THE RECORDING OF BIRTHS OF TWINS OR TRIPLETS. A SEPARATE BLANK FORM FOR EACH CHILD MUST BE USED. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Mr. C. W. of Columbia.