

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.

State of Columbia

(1) PLACE OF BIRTH
 County of Washington
 Township of
 or Town of Hartsville
 or City of James B. Hartwell
 (if birth occurs in hospital or other institution, give name instead of street and number.)
(2) Full Name of Child J. C. Taber Taber child is not yet named, make supplemental report as directed

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

File No. For State Registrar Only
953

(3) BOY OR GIRL? Boy **(4) Twin or triplet?** **(5) Number in order of birth** **(6) Are Parents Married?** yes **(7) DATE OF BIRTH** Jan 8 1922
 (Name of Month) (Day) (Year)
FATHER.
(8) FULL NAME John B. Taber
(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.
(10) COLOR OR RACE W **(11) AGE AT LAST BIRTHDAY** 23 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Cotton mill Employee
(14) NAME BEFORE MARRIAGE May Cane
(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.
(16) COLOR OR RACE W **(17) AGE AT LAST BIRTHDAY** 22 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1 **(21) Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive **at** 5:30 **A. M.** **on the date above stated.** (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) William L. Dwyer
(24) State whether Physician or Midwife Physician **(25) Address of Physician or Midwife** Hartsville S.C.

Given name added from a supplemental report off
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. M. McQueen
(27) Filed Jan 19 1922 **(28)** W. M. McQueen Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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