(1) PLACE OF BIRTH

County of Charleston

Township of Colonial Church

or

Inc. Town of Awendaw S.C.

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only: 14024

Registration District No. 901 ... Registered No. 63 (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 Justian Taylor ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? X

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 22 1922 (Name of month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Robert G Taylor	(14) NAME BEFORE MARRIAGE Katelie Crumble
(9) PRESENT POSTOFFICE OF FATHER Awendaw S.C.	(15) PRESENT POSTOFFICE OF MOTHER Awendaw S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Berkley County S.C.	(18) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Home duties
(20) Number of children born to mother, including present birth Ten	(21) Number of children of this mother now living, including present birth Ten

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A.M. (Hour: A. M. or P. M.) on the date above stated.

(23) (Signature) Rena Nettles

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Awendaw S.C.

Given name added from a supplemental report

..... 19 .....

..... Registrar

(26) Witness .....

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

(27) Filed May 30 1922 (28) J. B. Timmons 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.

*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.

WRITE PLAINLY, WITH INVADINE INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark "TWIN-BORN, No. 1," "TRIPLET-BORN, No. 2," etc., in question 5.

State Board of Health of South Carolina, Columbia, S. C.

KODAK SAFETY FILM