

(1) PLACE OF BIRTH:

County of Sixty Six
 Township of " "
 Inc. Town of " "
 or
 City of " "

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child:

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet <u>To be answered only in event of Twins or Triplets</u>	5. Number in order of birth
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6. Are
Parents
Married
Yes

7. DATE OF
BIRTH July 4, 1923
(Name Month Day Year)

MOTHER.

8. FULL
NAME Albert Palmer Taylor

9. PRESENT
POSTOFFICE
OF FATHER

Sixty Sixton SC

10. COLOR
OR
RACE
11. BIRTHPLACE

white 12. AGE AT LAST
BIRTHDAY
34
(Years)

13. NAME BEFORE
MARRIAGE Barbara L. True Sturge

14. PRESENT
POSTOFFICE
OF MOTHER

Sixty Sixton

15. COLOR
OR
RACE

16. BIRTHPLACE

17. AGE AT LAST
BIRTHDAY
27
(Years)

18. OCCUPATION

Stone Cutter

19. OCCUPATION

Cosmetics

20. Number of children born to
mother, including present birth

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M.
on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether physician or midwife

at 10 P.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

Roberts on P.

10 P.M.

(25) Address of Physician or Midwife

801 Main St. SC

Given name added from a supplemental report

(26) Witness

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

Martin B. Woodward, M.D.
Assistant State Registrar

(27) Filed July 9, 1923 (28) 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.

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