

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

36011

County of OrangeburgTownship of Rocky Hill

Inc. Town of .....

Registration District No. 3615Registered No. 16  
(For use of Local Registrar)

City of ..... (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 Alexander Taylor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>m</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>10-2-1912</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Julian Taylor(9) PRESENT POSTOFFICE OF FATHER Salley, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31  
(Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Christa Bell Kitching(15) PRESENT POSTOFFICE OF MOTHER Salley, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION House keeping(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 Born alive at Y. P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian Taylor(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Salley, S.C.

Given name added from a supplemental report

(26) Witness J. H. Pech  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-11-1912 (28) J. E. Pech  
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.