

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

27480

Registration District No. 9A Registered No.

(For use of Local Registrar)

(2) Full Name of Child Frank Eugene 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 X (6) Are Parents Married? yes (7) DATE OF BIRTH January 18 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Tyler Taylor(9) PRESENT POSTOFFICE OF FATHER 65 Rutledge(10) COLOR OR RACE W- (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Book keeper(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Hyde(15) PRESENT POSTOFFICE OF MOTHER 65 Rutledge(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION H. W. S.(20) 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 as born (Hour A. M. or P. M.) on the date above stated.(23) (Signature) [Signature] (24) Name of Physician or Midwife Johnnie E. [Signature] (25) Address of Physician or Midwife 277 Calhoun [Signature]

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1. 17. 1912 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.