

WHITE PLAIN, WITH UNFADING INK—WHILE AS 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.

(1) PLACE OF BIRTH

County of Greenville

Township of 11

OR
Inc. Town of Greenville

OR
City of Greenville

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

(2) Full Name of Child

Emilia Rose Marie Taylor

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4390

Registration District No. 2209B Registered No. 49

(For use of Local Registrar)

(No. 11 St.; 11 Ward)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 3 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm. Taylor
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie P. McClellan
(15) PRESENT POSTOFFICE OF MOTHER Greenville
(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(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 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. S. Taylor (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Jan 1 1922 (28) Wm. Taylor 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.

MACAW OF COLUMBIA, COLUMBIA, S. C.