

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Chesleror
Inc. Town ofor
City of

(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

87920

Registration District No. 4405 Registered No. 109

(For use of Local Registrar)

(2) Full Name of Child Mealie Ann Taylor { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 11 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Taylor(9) PRESENT POSTOFFICE OF FATHER Rock Hill(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Harmon Labor(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mealie Ann Barotter(15) PRESENT POSTOFFICE OF MOTHER Rock Hill(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE York(19) OCCUPATION Labor(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at b. A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-21-1911(28) J. K. Jackson
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.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

In case of twin or triplet, use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

City of Columbia