

Form No. 1

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

87920

#### (1) PLACE OF BIRTH

County of C York

Township of Edinger

or  
Inc. Town of .....

or  
City of .....

Registration District No. 4405

Registered No. 109

(For use of Local Registrar)

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

(2) Full Name of Child Medie 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 1912  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

#### FATHER.

(8) FULL NAME W W Taylor

(9) PRESENT POSTOFFICE OF FATHER Rock Hill

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE C York Co

(13) OCCUPATION Harmon Labor

(20) Number of children born to mother, including present birth 1

#### MOTHER.

(14) NAME BEFORE MARRIAGE Medie Ann Barotter

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE C 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

Given name added from a supplemental report

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

(27) Filed 11-21-1912 (28) J. 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 SHARPER INK  
\* In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
SEX OF CHILD FIRST BORN, AND THE OTHER, No. 1, THE OTHER, No. 2, etc., in question 5.  
City of Columbia