(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
2776

County of York

Township of .....
or
Inc. Town of .....
or
City of Ft Mill

Registration District No. 406 Registered No. 5
(For use of Local Registrar)

(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..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? (To be answered only in case of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		1	Yes	Jan 16 1922

FATHER.	MOTHER.
(8) FULL NAME Walter Lee Taylor	(14) NAME BEFORE MARRIAGE Leona Armes
(9) PRESENT POSTOFFICE OF FATHER Ft Mill S C	(15) PRESENT POSTOFFICE OF MOTHER Ft Mill S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE N. C.	(18) BIRTHPLACE N. C.
(13) OCCUPATION Carpenter	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 3	(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 alive on the date above stated. (Born alive or stillborn) (Hour) 2 a M. (A. M. or P. M.)

(23) (Signature) ..... J. S. Ellis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

.....191....

.....Registrar

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

(27) Filed Feb 12 1922 (28) A L Parks
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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

McCaw, of Columbia.