

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
County of <u>Lynchburg</u>		STATE OF SOUTH CAROLINA		23023	
Township of <u>Full Swamp</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No. <u>3102</u>		Registered No. <u>61</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Cornie Taylor</u>		{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15 22</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Jerry Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Dora</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Woodford</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Woodford</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)		
(12) BIRTHPLACE <u>Washington</u>			(18) BIRTHPLACE <u>Lynchburg</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Helper</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was.....at.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Hattie Livingston</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Woodford</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)		
....., 19..... Registrar			(27) Filed <u>July 10 22</u> (28) <u>J. A. Taylor</u> 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.