

(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

43738

County of MonroeTownship of Brownsvilleor
Inc. Town of.....or
City of.....Registration District No. 3303Registered No. 61
(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 Charlie Thomas Taylor child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

7

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James William Taylor

(9) PRESENT POSTOFFICE OF FATHER

Blacksburg SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47
(Years)

(12) BIRTHPLACE

Monroe Co

(13) OCCUPATION

Farmer

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

Seven

MOTHER.

(14) NAME BEFORE MARRIAGE

Leticia Bragman

(15) PRESENT POSTOFFICE OF MOTHER

Blacksburg SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

Monroe Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. C. Dwyer

(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

Nov. 23 1924

(28)

H. B. Rogers

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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.