

(1) PLACE OF BIRTH

County of GranvilleTownship of Dunklin

Inc. Town of

City of

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

(2) Full Name of Child Lair Lamar Taylor

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

(3) BOY OR GIRL Girl(4) Twin or Triplet X(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH Sept 25, 1921

(Name of Month) (Day) (Year)

(8) FULL NAME FATHER. Thomas Edmond Taylor(9) PRESENT POSTOFFICE OF FATHER Princeton, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Grille Co. S.C.(13) OCCUPATION Farmer & Rural Carrier(14) Number of children born to mother, including present birth 2(15) FULL NAME MOTHER. Mary Jane Davis(16) PRESENT POSTOFFICE OF MOTHER Princeton, S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 23 (Years)(19) BIRTHPLACE Grille Co. S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (New A. M. or P. M.)(23) (Signature) West. Wright, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Honora Park, S.C.

Given name added from a supplemental report

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

(27) Filed Nov 22 (28) W. R. Ross 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.