

(1) PLACE OF BIRTH

County of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

20000

Township of

or
Inc. Town ofRegistration District No. 38aRegistered No. 137

(For use of Local Registrar)

City of Columbia (No. Rear 1416 Lincoln 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 Dorothy Lee Taylor

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? X

To be answered only in case of Twins or Triplets

(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Taylor(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Perry Howard(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Birmingham S.C.(19) 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 born alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Oliver

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia 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 7-15-191

(28)

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. THE OTHER, No. 2, etc., in question 5.