

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

City of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25056

1109

Registration District No. 9 A Registered No. ....  
(For use of Local Registrar)(No. 36 26 St.; ..... Ward)(2) Full Name of Child Muzetta Juanita 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 event of Twins or Triplets

(5) Number in order of birth

x

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

August 5th 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James J. Taylor

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Photographer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Florence Puckney

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housework

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

21

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:10 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Elizabeth Richardson

(24)

State whether, Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

5634 Rutledge Ave.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/81922W. S. Mercier, Jr.  
Local Registrar19  
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.

(Date of)

Filed 8/9

1922

J. H. Green, Jr.  
Registrar

Registrar.