

Form No. 1

(1) PLACE OF BIRTH

County of Allendale
 Township of Allendale
 or
 Inc. Town of W
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28600

Registration District No. 46 Registered No. 96
 (For use of Local Registrar)

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

(2) Full Name of Child Bill Taylor

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 6 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie Taylor
 (9) PRESENT POSTOFFICE OF FATHER Allendale SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farm Labor
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Belle Copner
 (15) PRESENT POSTOFFICE OF MOTHER Allendale SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (Year)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Farm Labor
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgia Gady
 (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness F. H. Boyd MD
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 18 19 22 (28) F. H. Boyd MD
 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.

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.

RECEIVED OF COLUMBIA, S. C.