

PLACE OF BIRTH

*Berkley*  
*1st Stephen*  
 of  
 Town of

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. *705*

FILE No.—For State Registrar Only

*19998-a*Registered No. *137*  
 (For use of Local Registrar)(No. *32-23486* Ward)

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

FULL NAME OF CHILD

*Everett Albert Taylor*

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

SEX

A. Twin or Triplet?

B. Number in order of birth

C. Are Parents Married?

DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL NAME *Everett A. Taylor*PRESENT POSTOFFICE OF FATHER *Russellville*COLOR OR RACE *white* 11. AGE AT LAST BIRTHDAY *30* (Years)BIRTHPLACE *Ohio*OCCUPATION *lawyer*Number of children born to mother, including present birth *1*

12. NAME BEFORE MARRIAGE

13. PRESENT POSTOFFICE OF MOTHER

14. COLOR OR RACE

15. BIRTHPLACE

16. OCCUPATION

21. Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *4 P. M.* (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature *J. J. Boykin*

24. State whether Physician or Midwife

25. Address of Physician or Midwife

*Physician**Russellville**S.C.*

26. Local Registrar

26. Witness

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

27. Filed

*Oct 4**1928*

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

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.