

Form No. 1

(1) PLACE OF BIRTH

County of MalboroTownship of Bennettsville

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3301

File No.—For State Registrar Only

39401Registered No. 168
(For use of Local Registrar)

(No. 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 Douglas Taylor

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 25-27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Scot Taylor(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Malboro, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Annie D. Wick(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE Malboro, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 o'clock, on the date above stated.
(Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura B. Barentine(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bennettsville, 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 Dec. 1, 1927 (28) Mr. W. W. Pate
Registrar 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.

RECEIVED BY THE REGISTRAR OF THE STATE BOARD OF HEALTH, S. C. IN CASE OF TWINN OR TRIPLET USE A SUPPLEMENTAL REPORT FOR EACH CHILD, AND MARK THE FOLLOWING: NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.