

Form No. 8

(1) PLACE OF BIRTH

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

FILE NO. For State Registrar Only

30058

County of \_\_\_\_\_

Township of \_\_\_\_\_

or

Inc. Town of \_\_\_\_\_

or

City of \_\_\_\_\_

Registration District No. 40-a Registered No. 406  
(For use of Local Registrar.)(No. 230 Farley St.; \_\_\_\_\_ Ward)(2) Full Name of Child name E. Saylor  
(If birth occurs in a hospital, or other institution, give name of same instead of street and number.)  
(If child is not yet named, make supplemental report as directed)(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH 9 11 23  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE W

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth 2J. J. Taylor(11) AGE AT LAST  
BIRTHDAY 41  
(Years)W. C.  
Auto Mech(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE W

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth 2MOTHER  
Colita CobbCity(17) AGE AT LAST  
BIRTHDAY 23  
(Years)S. C.Hewl

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated. (Born alive or stillborn) At 3:15 P.M.,(23) (Signature) A. D. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental  
reportJanie Saylor  
Feb. 23  
1924  
Registrar

(26) Witness

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

(27) Filed

10-1-23Jan. C. Oakes  
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.