

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacolet
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

16750

Registration District No. 4086 Registered No. 52
 (For use of Local Registrar)

St. Ward)
 (No. instead of street and number)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Samuel Garrison Taylor (If child is not yet named, make supplemental report as directed)

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 5 7 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME R. S. Kirby
 (9) PRESENT POSTOFFICE OF FATHER Trough S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Insult Farmer
 (14) NAME BEFORE MARRIAGE Ethel Fowler
 (15) PRESENT POSTOFFICE OF MOTHER Trough S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 7

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) W. S. Kirkpatrick
 (24) State whether Physician or Midwife Physician (25) Location of Physician or Midwife Pacolet S.C.

Given name added from supplemental report Samuel Garrison Taylor
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 6-1-22 (28) M. W. Brown 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.