

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Antleror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11.—For State Registrar Only

11860

Registration District No. 3601 Registered No. 11
(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 Harney Taylor If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) Type Male (5) Number in 10 Birth Yes (6) DATE OF Feb 28 BIRTH 23
(To be answered only in case of Twins or Triplets)

FATHER		MOTHER	
(8) FULL NAME <u>Robert Taylor</u>	(14) NAME BEFORE MARRIAGE <u>Mary Brooker</u>	(9) PRESENT RESIDENCE OF FATHER <u>Post Office State</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Post Office</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>49</u>	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>county State</u>	(18) OCCUPATION <u>farmer</u>	(19) BIRTHPLACE <u>county State</u>	(20) OCCUPATION <u>house wife</u>
(22) Number of children born to mother, including present birth <u>4 four</u>	(21) Number of children of this mother now living, including present birth <u>4 four</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at at a.m. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature of Amanda Taylor) (25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife Richland

Given name added from a supplemental report	(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
..... 19	(28) <u>Feb 28</u> 1923 (29) <u>A. B. Brooker</u> 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.

11-2-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 1.