

(1) PLACE OF BIRTH

County of Oregon
 Township of East
 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

31646

Registration District No. 3607 Registered No. 82
 (For use of Local Registrar)

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

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

(3) 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 Sept. 12, 1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brother T. Taylor
 (9) PRESENT POSTOFFICE OF FATHER Columbia
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Not known
 (13) OCCUPATION Day laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Leannie Washington
 (15) PRESENT POSTOFFICE OF MOTHER Springfield
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Cooking

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elna Morgan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife A. Springfield

Given name added from a supplemental report

(26) Witness J. M. Leland
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 12, 1927 (28) J. M. Leland 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.