

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
56489

(1) PLACE OF BIRTH
County of Laurens
Township of Laurens
OR
Inc. Town of Laurens: Registration District No. 29 Registered No. 22
OF
City of Laurens (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 12 5
Is to be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Arizona Towler</u>	(14) NAME BEFORE MARRIAGE <u>Emma Sumner</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens</u>				
(10) COLOR OR RACE <u>wh</u> (11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years)				
(12) BIRTHPLACE <u>Spontaneous</u>	(18) BIRTHPLACE <u>Laurens. Co</u>				
(13) OCCUPATION <u>millwright</u>	(19) OCCUPATION <u>housewife</u>				
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Russ N. Dutton
(24) State Whether Physician or Midwife (25) Address of Physician or Midwife
Physician Laurens S.C.

Given name added from a supplemental report
..... 1st.....
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by wife)
Apr 15 6 (27) C. J. Kennedy 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

McCaw, of Columbia.