

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
 M. 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 8

(1) PLACE OF BIRTH

County of York
 Township of Franklin
 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

8882

Registration District No. 446 Registered No. 14
 (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

William Lewis Taylor

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 27 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thomas Earl Taylor
 (9) PRESENT POSTOFFICE OF FATHER Nicholas Grove
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Year) (12) BIRTHPLACE York
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (15) NAME BEFORE MARRIAGE Clarence Purdy
 (16) PRESENT POSTOFFICE OF MOTHER Nicholas Grove
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 27
 (Year) (19) BIRTHPLACE York
 (20) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 11 P. M.
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W. L. Taylor
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Nicholas Grove

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Files 3 23 (28) W. L. Taylor
 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.