

Form No. 1

(1) PLACE OF BIRTH

County of *Richland*Township of *Richland*

or

Inc. Town of *Richland*

or

City of *Richland*

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

(2) Full Name of Child *Jessie Claude Taylor*

File No.—For State Registrar Only

22452

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3804*Registered No. *39*

(For use of Local Registrar)

(No. *1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100*)St. *Richland* Ward *1*

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

3) BOY OR GIRL? *Girl*

4) Twin or Triplet?

5) Number in order of birth *3*6) Are Parents Married? *Yes*7) DATE OF BIRTH *July 2, 1923*
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME *William Edward Taylor*9) PRESENT POSTOFFICE OF FATHER *Columbia R #3*10) COLOR OR RACE *White*11) AGE AT LAST BIRTHDAY *22*
(Years)12) BIRTHPLACE *Richland Co.*13) OCCUPATION *Retired*20) Number of children born to mother, including present birth *3*

MOTHER.

14) NAME BEFORE MARRIAGE *Carrie B. Taylor*15) PRESENT POSTOFFICE OF MOTHER *Columbia R #3*16) COLOR OR RACE *White*17) AGE AT LAST BIRTHDAY *19*
(Years)18) BIRTHPLACE *Richland Co.*19) OCCUPATION *Housekeeping*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* at *5 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Elizbeth Taylor*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Columbia R #3*

(If name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Aug 1, 1923*

1923

(28) *L. M. 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.