

MARGIN RESERVED FOR BINDING.

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

McCOMB OF Columbia, S. C.

(1) PLACE OF BIRTH
County of Cherokee
Township of Chitauk
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
2852

Registration District No. 200 Registered No. 5
(For use of Local Registrar)

City of (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 Russell Calvin Taylor (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 26, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Russell Taylor
(9) PRESENT POSTOFFICE OF FATHER Rt. 1, Chickamauga 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Cherokee County
(13) OCCUPATION Clerk

MOTHER.
(14) NAME BEFORE MARRIAGE Louise Calvin
(15) PRESENT POSTOFFICE OF MOTHER Rt. 1, Chickamauga 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Wadeham, S. C.
(19) OCCUPATION Housewife

(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 Calvin at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Huntington Overcast, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark.)

(27) Filled Feb. 26, 1922 (28) H. H. Barnhart 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.

*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.

McCOMB