

(1) PLACE OF BIRTH

County of YorkTownship of Northor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 34893Registration District No. 7.03Registered No.
(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 Harry Taylor

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

(3) BOY OR
GIRL Boy(4) Twin
or Triplet
To be answered only in case of Twins or Triplets(5) Number in
order of birth one(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH 3 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Harry Taylor(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE Caucasian(11) AGE AT LAST
BIRTHDAY 44
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth 7

MOTHER.

(14) NAME BEFORE
MARRIAGE Kate(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE Caucasian(17) AGE AT LAST
BIRTHDAY 32
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 1-19-23 (28) [Signature]*When there was no attending physician or midwife, then the father, householder, etc. should make report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

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 1.