

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Providence

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12190

Registration District No. 4108 Registered No. 38  
(For use of Local Registrar)

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

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 24, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Wilson Taylor</u>	(14) NAME BEFORE MARRIAGE <u>Lucile Wilson</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Dalzell S.C.</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S.C.</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(15) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Furnace</u>	(21) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>		(22) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) James Taylor (25) Address of Physician or Midwife 1901 S. C. St.

Given name added from a supplemental report

(26) Witness Mr. C. A. B. Smith (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 30, 1923 (28) J. A. Kuffner 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.