

Form No. 1

(1) PLACE OF BIRTH

County of FlamencTownship of McMillanor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health 2017

File No.—For State Registrar Only

38343

Registration District No. 2007 Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age Reported <u>11</u>	(7) DATE OF BIRTH <u>11</u> <u>2</u> <u>10</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Stephen Taylor</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Margie Price</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ken Rds</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ken</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>45</u> (Years)	
(12) BIRTHPLACE <u>Ken</u>			(18) BIRTHPLACE <u>Ken G</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Idm</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 14 1917 (28) John G. Price 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

MECAW OF COLUMBIA, COLUMBIA, S. C.