

WHILE FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc. In question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 2605	
County of <u>Sumter</u> Township of <u>Rafting</u> or Inc. Town of..... or City of.....				Registration District No. <u>4116</u> Registered No. <u>H</u> (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 <u>Wesley Andrew</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>January 19, 1902</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>William W. Taylor</u> (9) PRESENT POSTOFFICE OF FATHER <u>Beaufort, S.C.</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>33</u> (Year) (12) BIRTHPLACE <u>Beaufort, S.C.</u> (13) OCCUPATION <u>farmer</u> (20) Number of children born to mother, including present birth <u>12</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Matie Taylor</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort, S.C.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Year) (18) BIRTHPLACE <u>Marion, Ga.</u> (19) OCCUPATION <u>housewife</u> (21) Number of children of this mother now living, including present birth <u>12</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was..... <u>alive</u> at <u>H. W. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sarah H. Hester</u>		(24) State: whether Physician or Midwife <u>midwife</u>			
(25) Address of Physician or Midwife <u>Beaufort, S.C.</u>					
Given name added from a supplemental report:					
(26) Witness <u>M. C. Hester</u>		(27) Filed <u>Feb. 2, 1902</u> (28) <u>M. C. Hester</u> 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.