

THIS FORM IS TO BE FILLED OUT FOR EACH CHILD, AND MUST BE
 FIRST-BOOK, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. for State Register 81847
County of <u>Beaufort</u> Township of <u>Sheldon</u> Inc. Town of or City of		Registration District No. <u>603A</u>		Registered No. <u>40</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>Lee Ray Taylor</u>				
(If child is not yet named, make supplemental report as directed)				
(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be covered 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>Nov 11 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Stephan Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Viola Johnston</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dale S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dale S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>43</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(12) BIRTHPLACE <u>Beaufort Co., S.C.</u>			(18) BIRTHPLACE <u>Beaufort Co., S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Martha Green</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Dale S.C.</u>				
Given name added from a supplemental report		(26) Witness <u>Walter Alston</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>23</u> Registrar		(27) Filed <u>Nov 14 1923</u> (28) <u>E. P. Moore</u>		

*When there was no attending physician or midwife, then the father, householder, etc., must report the birth. If a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.