

THIS FORM IS TO BE USED FOR SINGLES OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8.

**(1) PLACE OF BIRTH**  
 County of Beaufort  
 Township of Sheldon  
 Inc. Town of.....  
 or  
 City of..... (No. .... St. .... Ward)  
 (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

No. for State Registrar's Office  
**81847**

Registration District No. 603A Registered No. 49  
 (For use of Local Registrar)

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

(3) <b>BOY OR GIRL</b> <u>Boy</u>	(4) <b>Twin or Triplet</b> To be covered only in event of Twins or Triplets	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married</b> <u>yes</u>	(7) <b>DATE OF BIRTH</b> <u>Nov 11 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) <b>FULL NAME</b> <u>Stephan Taylor</u>	(14) <b>NAME BEFORE MARRIAGE</b> <u>Viola Johnston</u>			
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Dale S.C.</u>	(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>Dale S.C.</u>			
(10) <b>COLOR OR RACE</b> <u>Negro</u>	(11) <b>AGE AT LAST BIRTHDAY</b> <u>43</u> (Year)	(16) <b>COLOR OR RACE</b> <u>Negro</u>	(17) <b>AGE AT LAST BIRTHDAY</b> <u>23</u> (Year)	
(12) <b>BIRTHPLACE</b> <u>Beaufort Co., S.C.</u>		(18) <b>BIRTHPLACE</b> <u>Beaufort Co., S.C.</u>		
(13) <b>OCCUPATION</b> <u>Farmer</u>		(19) <b>OCCUPATION</b> <u>Home wife</u>		
(20) <b>Number of children born to mother, including present birth</b> <u>3</u>		(21) <b>Number of children of this mother now living, including present birth</b> <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Martha Green  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Dale S.C.  
 Given name added from a supplemental report  
 (26) Witness Water Alston  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 14 1923 (28) [Signature]  
 Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person present at the birth must report as stillborn. No report is required if a child breathes even once. It must not be reported as stillborn. No report is required before the fifth month of pregnancy.