

## (1) PLACE OF BIRTH

County of Bascom  
 Township of 1st  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 702

File No.—For State Registrar Only  
**3245**

Registered No. 18  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Beth Ann Taylor

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

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? Yes

(7) DATE OF  
BIRTH Feb 18  
 (State of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEW. M. Taylor(9) PRESENT  
POSTOFFICE  
OF FATHERGough ce.(10) COLOR  
OR  
RACEnegro(11) AGE AT LAST  
BIRTHDAY47  
(Years)

(12) BIRTHPLACE

Bascom Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEliza Bowman(15) PRESENT  
POSTOFFICE  
OF MOTHERGough ce.(16) COLOR  
OR  
RACEnegro(17) AGE AT LAST  
BIRTHDAY28  
(Years)

(18) BIRTHPLACE

Bascom Co

(19) OCCUPATION

House wife(20) Number of children born to  
mother, including present birth5(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at 7 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emma G. Galloway

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gough ce.

Given name added from a supplement-  
 al report

(26) Witness

Signature of Witness necessary only  
 when question 23 is signed by mark

(27) Filed

2/27

19

22

(28)

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 if stillbirths  
 before the fifth month of pregnancy.