

THIS IS A PERMANENT RECORD.

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville
Township of 11

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
139-22-051057

Inc. or Town of Registration District No. 209 Registered No. 157
(For use of Local Registrar)
City of Duncan Miss. 10. Blake 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, Flora L. Taylor } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 6 1924
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Kelly W. Taylor
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Georgia
(13) OCCUPATION Miss Operator
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE May Hilton
(15) PRESENT POSTOFFICE OF MOTHER Greenville
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Georgia
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Roberts
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Apr 26 1924 (28) Thos. May 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.

AFFIDAVIT NEXT FRAME

H. E.—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.

McCaw, of Columbia.

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