

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of Georgetown

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child HARRY CALHOUN TAYLOR - JR

File No.—For State Registrar Only

42500

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-1-ARegistered No. 111
(For use of Local Registrar)(No. 1111 Front St.; Ward)

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

| | | | | |
|----------------------------|---|---|-------------------------------------|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>1st</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Dec 29 1922</u> (Name of Month) (Day) (Year) |
|----------------------------|---|---|-------------------------------------|--|

FATHER.

(8) FULL NAME HARRY CALHOUN TAYLOR(9) PRESENT POSTOFFICE OF FATHER Georgetown - S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Wm - S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE BROWNLEE-RICE(15) PRESENT POSTOFFICE OF MOTHER Georgetown - S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE New York - S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. D. King(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

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

(27) Filed Jan 19 1923 (28) Wm. D. King 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.

MADE BY COLUMBIA, COLUMBIA, S. C.

IN CASE OF TWINNING OR TRIPLETTING, USE "B" REGISTRATION BEHIND FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THESE OTHERS, No. 2, etc., IN QUESTION 5.