

(1) PLACE OF BIRTH

County of Greenland
 Township of C. S.
 or
 Inc. Town of Taylor's
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42658

Registration District No. 2204Registered No. 136
(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 E. P. Skail If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>December 10, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Clarence Skail
 (9) PRESENT POSTOFFICE OF FATHER Taylor's SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION Hotel Cutter
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Coratha Butts
 (15) PRESENT POSTOFFICE OF MOTHER Taylor's SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 12 (Years)
 (18) BIRTHPLACE Green Town SC
 (19) OCCUPATION House Girl
 (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 at 11 PM 30
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Watson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Taylor's SC

Given name added from a supplemental report

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

(27) Filed Dec 12 1922 (28) H. Watson 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.

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