

THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Richland
 Township of Chadwick
 or
 Inc. Town of Columbia
 or
 City of

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

File No.—For State Registrar Only
43114

Registration District No. 2704 Registered No.
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Taylor
 (9) PRESENT POSTOFFICE OF FATHER Blenny
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE Leam Road
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Marne Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Blenny
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Fairfield
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was live at b. at 4 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace Richardson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blenny

Given name added from a supplemental report Grace Richardson
 (26) Witness Grace Richardson (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 11 1922 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.