

(1) PLACE OF BIRTH

County of DuncanTownship of Kenneth

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20495

Registration District No. 3502 Registered No. 45

(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 Robert Taylor If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH July 2, 1923 (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Stiles Mack Taylor(7) PRESENT POSTOFFICE OF FATHER Newry S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

Working in mill(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Basbie Taylor(15) PRESENT POSTOFFICE OF MOTHER Newry S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Year)(18) BIRTHPLACE Duncan(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 at 3:15 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) M. S. Johnson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife W. A. Johnson

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 10, 1923(28) S. A. Smith 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.

WRITES PLAINLY, WITH UNFADING INK—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 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.