

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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			CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Aiken</u>			STATE OF SOUTH CAROLINA		28549	
Township of <u>Achultz</u>			Bureau of Vital Statistics			
or			State Board of Health			
Inc. Town of			Registration District No. <u>213</u>		Registered No. <u>49</u>	
or					(For use of Local Registrar)	
City of			(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 <u>Matthie Taylor</u>			If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 23, 1922</u> (Name of Month) (Day) (Year)		
FATHER			MOTHER			
(8) FULL NAME <u>Willie Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Margie Ockler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga. R. 6</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga. R. 6</u>			
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>			
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>80</u> (Years)			
(12) BIRTHPLACE <u>A.C.</u>			(18) BIRTHPLACE <u>A.C.</u>			
(13) OCCUPATION <u>farming</u>			(19) OCCUPATION <u>farming</u>			
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*						
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>13, 8 M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)						
(23) (Signature) <u>Julia Newman</u>						
(24) State whether Physician or Midwife <u>mid wife</u>						
(25) Address of Physician or Midwife <u>Augusta Ga.</u>						
Given name added from a supplemental report			(26) Witness <u>DR. Needlock</u> (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19			(27) Filed <u>Sept 30 1922</u>			
..... Registrar			(28) <u>DR. Needlock</u> 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.