

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Wm. Craig  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41689

Registration District No. 1205 Registered No. 99  
 (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 William If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John M. Taylor

(9) PRESENT POSTOFFICE OF FATHER Wm. Croghan S.C.R.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Jordan

(15) PRESENT POSTOFFICE OF MOTHER Wm. Croghan S.C.R.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 48 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. P. Gaskins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wm. Croghan 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 ..... 19 ..... (28) A. B. Redfern 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.