

(1) PLACE OF BIRTH

County of G'villeTownship ofInc. Town ofCity of G'ville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

24675

Registration District No. 22098 Registered No. 2600

(For use of Local Registrar)

(No. 912 Mary St St.; Ward)(2) Full Name of Child Geraldine Alice Taylor If child is not yet named, make supplemental report as directed

1) BOY OR GIRL	2) Twin or Triplet	3) Number in order of birth	4) Sex	5) DATE OF BIRTH
	To be answered only in event of Twin or Triplet		400	Feb 2, 23

FATHER

6) FULL NAME Lewis Taylor7) PRESENT POSTOFFICE OF FATHER G'ville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Potts Town Pa.(13) OCCUPATION Painter(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Helen Mackintosh(15) PRESENT POSTOFFICE OF MOTHER G'ville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Potts Town Pa.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. W. Wason

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Sept. 1, 1923 (28) Thos. F. McFar 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.