

(1) PLACE OF BIRTH

County of York  
 Township of Fidelity  
 or  
 Inc. Town of .....  
 or  
 City of York (No. .... St.; ..... Ward)  
 (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

4863

Registration District No. 3001 Registered No. 19  
 (For use of Local Registrar)

(2) Full Name of Child Walter Taylor (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL 17 (4) Twin or Triplet? 114 (5) Number in order of birth 114 (6) Are Parents Married? X (7) DATE OF BIRTH Jan 27 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Taylor  
 (9) PRESENT POSTOFFICE OF FATHER York  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE York  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Rouse  
 (15) PRESENT POSTOFFICE OF MOTHER York  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
 (18) BIRTHPLACE York  
 (19) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1  
 (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 York on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. L. Rouse  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife York

Given name added from a supplemental report

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

(27) Filed Feb 27 1922 (28) E. L. Rouse 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.