

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. M.—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.

Form 5-6

(1) PLACE OF BIRTH

County of Greenwood  
Township of 9  
OF  
Inc. TOWN of 9  
OF  
City of 9

(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

Registration District No. 132 Registered No. 146  
(For use of Local Registrar)

No. for State Registrar Only  
**34766**

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married yes (7) DATE OF BIRTH June 10 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Evans Taylor  
(9) PRESENT POSTOFFICE OF FATHER Greenwood  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40  
(Year) (12) BIRTHPLACE Newberry, S.C.  
(13) OCCUPATION Farmer & merchant  
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Wharton  
(15) PRESENT POSTOFFICE OF MOTHER Greenwood  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(Year) (18) BIRTHPLACE Laurens Co.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:00 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Chapman  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 10 22 (28) J. W. Williams  
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.

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