

Form No. 1

## (1) PLACE OF BIRTH

County of Horry  
 Township of Thornton  
 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

30762

Registration District No. 2705 Registered No. 2705  
 (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 Charles Taylor

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

(3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number last order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH July 29, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Taylor(9) PRESENT POSTOFFICE OF FATHER Michael S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Elliott(15) PRESENT POSTOFFICE OF MOTHER Michael S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry B. ...  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Michael 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 Oct 10, 1922 (28) H. B. Williamson 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.

RECORD OF BIRTHS—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, INDICATE BY MARKING BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.