

10-28-10

22-049473

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH
 County of Richland
 Township of.....
 or
 Inc. Town of.....
 or
 City of Columbia S.C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only
 1872

Registration District No. 38-a Registered No.
 (For use of Local Registrar)

(No. Marmec Hotel St. Ward)
 (If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD Dyer Justice Taylor

3. Boy or Girl Boy If Plural births: 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term? Yes 7. Are Parents Married? Yes 8. Date of birth Sept 25 1922
 (Month, day, year)

9. Full name Dyer John Taylor FATHER
 10. Residence (mailing address) Columbia S.C.
 (If non-resident, give place and State)

18. Name before marriage Lena Davis MOTHER
 19. Residence (mailing address) Columbia S.C.
 (If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 31 (years)
 20. Color or race White 21. Age at child's birth 22 (years)

13. Birthplace (city or place) Hendersonville N.C. (State or country)
 22. Birthplace (city or place) Person County N.C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. lumber buyer & estimator
 16. Date (month and year last engaged in this work) Oct 1923
 17. Total time (years) spent in this work over year

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Nursekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
 25. Date (month and year) last engaged in this work Nov 1940
 26. Total time (years) spent in this work 17 1/2

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 12:30 a.m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed) Mrs D J Taylor, Parent
 or..... Guardian

Given name added from a supplementary report..... (Date of).....
 Address 1617 21st St NW Washington DC
 Filed Nov 8 1940 M. B. Woodward M.D. Registrar.
 Asst. State Registrar.