

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)

10-28-40 22 049473

1. PLACE OF BIRTH
County of Richland
Township of.....
or
Inc. Town of.....
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
Registration District No. 38-a Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only
1872

2. FULL NAME OF CHILD Dyer Justice Taylor
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births: 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents Yes 8. Date of birth Sept 25, 1940
(Month, day, year)

5. Number, in order of birth..... Full term Yes Married Yes

9. Full name Dyer John Taylor FATHER 18. Name before marriage Lena Davis MOTHER
10. Residence (mailing address) Columbia S.C. 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. 22. Birthplace (city or place) Penn County S.C.
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. lumber buyer & estimator 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year last engaged in this work) Oct 1923 17. Total time (years) over spent in this work year 25. Date (month and year last engaged in this work) Nov 1940 26. Total time (years) 17 1/2 spent in this work

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, 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 1230 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 1617-21 ST NW Washington DC

Filed Nov 8, 1940 M. B. Woodward, M.D., Registrar.

Registrar.

Asst. State Registrar.