

(1) PLACE OF BIRTH

County of Camperson

Township of 11

or Inc. Town of 11

or City of Camperson

(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
71193

Registration District No. 3A Registered No. 293
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 13 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Taylor A. Herring

(9) PRESENT POSTOFFICE OF FATHER Camperson S.P.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION mechanizer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Benson

(15) PRESENT POSTOFFICE OF MOTHER Camperson

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION Domestic

(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 alive at 4:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. [unclear] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 191..... (28) J. H. [unclear] 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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FILED, WITH ONE COPY HEREIN IN A SEPARATE BOOK, IN THE OFFICE OF THE REGISTRAR, IN THE CITY OF COLUMBIA, SOUTH CAROLINA, THIS 13th DAY OF MAY, 1914. J. H. [unclear] Registrar