

Form No. 1

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Blackville  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

2916

Registration District No. 5-9-4 Registered No. 14  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(a) BOY OR GIRL Girl (b) Twin or Triplet No (c) Number in order of birth 1 (d) Sex of mother Yes (e) DATE OF BIRTH Jan. 10, 1923  
 (Month of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Alfred Taylor(2) PRESENT POSTOFFICE OF FATHER Blackville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
 (Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Gladys Small(15) PRESENT POSTOFFICE OF MOTHER Blackville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Year)(18) BIRTHPLACE S. C.(19) OCCUPATION S. C.(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. H. Hammond M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 10, 1923 (28) W. H. L. Hammond  
 Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.

REASON FOR REMOVAL FROM REGISTRY.

WRITTEN PLAINLY WITH INK. SIGNATURES IN A PERMANENT INK.

M. B.

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