

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of Yorkor
City of York(No. 3109 St.; 61 Ward)
(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

27068

Registration District No. 3109 Registered No. 61
(For use of Local Registrar)(2) Full Name of Child Mary Jane Taylor (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 3 27 22
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME J. M. Taylor
9 PRESENT POSTOFFICE OF FATHER York
10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
12 BIRTHPLACE York
13 OCCUPATION Farmer
20 Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE J. M. Taylor
(15) PRESENT POSTOFFICE OF MOTHER York
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE York
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Seafairton

Given name added from a supplemental report

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

(27) Filed Sept 4, 1922 (28) Mrs. C. J. Taylor 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.

Registrar

LOCAL REGISTRAR

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