

(1) PLACE OF BIRTH

County of Warren
Township of Blackville
or
Inc. Town of
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
28958

Registration District No. 504 Registered No. 92
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arnie Taylor [If child is not yet named, make

3) BOY OR GIRL? <i>Girl</i>	4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twins or Triplets</small>	5) Number in order of birth <i>1</i>	6) Are Parents Married? <i>No</i>	7) DATE OF BIRTH <i>Sept. 13, 22</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.	
(8) FULL NAME	
(9) PRESENT POSTOFFICE OF FATHER	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE	
(13) OCCUPATION	

MOTHER.

(14) NAME BEFORE MARRIAGE *Idella Taylor*

(15) PRESENT POSTOFFICE OF MOTHER *Blackville*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *16*
(Years)

(18) BIRTHPLACE *L. C.*

(19) OCCUPATION

(20) Number of children born to mother, including present birth { 2 (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 Adeline at 570 M.,
on the date above stated. (Born alive or stillborn) (Date A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.)

(23) (Signature) Ernestine Baxter
(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 Oct. 10. 1922 (28) C. D. Harrison
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.

MOCAW OF COLUMBIA, COLUMBIA, S. C.