

(1) PLACE OF BIRTH

County of DickensTownship of Harrison

Inc. Town of

City of

(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

No. 10.—For State Registrar Only

8218

Registration District No. 37Registered No. 17

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Theresa Taylor

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF

BIRTH Feb. 27, 1923

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Kaym or Taylor

(14) NAME BEFORE MARRIAGE

John Taylor

(9) PRESENT POSTOFFICE OF FATHER

Little Rock, Ark.

(15) PRESENT POSTOFFICE OF MOTHER

Little Rock, Ark.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Ark.

(18) BIRTHPLACE

Ark.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farmer

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

1

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

(23) (Signature)

(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

4/1/23

(28)

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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