

(1) PLACE OF BIRTH

County of *Spaulding*Township of *"*or *"*Inc. Town of *"*or *"*City of *"*

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

(2) Full Name of Child

Ruby Taylor

File No. - For State Registrar Only

12785

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-2*Registered No. *172*
(For use of Local Registrar)St. *"* Ward *"*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>3</i>	(6) Are parents married? <i>Yes</i>	(7) DATE OF BIRTH <i>3 1 28</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *James W. Taylor*

(9) PRESENT POSTOFFICE OF FATHER *Spaulding, S.C.*

(10) COLOR OR RACE *N*

(11) AGE AT LAST BIRTHDAY *33*
(Years)

(12) BIRTHPLACE *W.C.*

(13) OCCUPATION *mechanical Training*

(14) Number of children born to mother, including present birth *3*

MOTHER.

(15) NAME BEFORE MARRIAGE *Nannie M. Owens*

(16) PRESENT POSTOFFICE OF MOTHER *Spaulding, S.C.*

(17) COLOR OR RACE *N*

(18) AGE AT LAST BIRTHDAY *21*
(Years)

(19) BIRTHPLACE *Cherokee Co., S.C.*

(20) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:30* M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *W. O. Crow, M.D.*

(24) Address of Physician or Midwife *Spaulding, S.C.*

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(26) When signed *1-22-28* *Joe Caples* Local Registrar

*When there was no attendance by a physician or midwife, the mother or father, if the child is born at home, must be present and sign the birth record.

*If a child is born at home and the mother or father is not present, the birth record must be signed by a physician or midwife.

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FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5. MED. RECORD OR COLUMN, COLUMN, B. C.