

## (1) PLACE OF BIRTH

County of AndersonTownship of Matheson

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12841

Registration District 309Registered No. 22  
(For use of Local Registrar)(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 Baby Taylor If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb. 2, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Talon(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 39  
(Year)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer

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

Eight

## MOTHER.

(14) NAME BEFORE MARRIAGE Miner Fleming(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 40  
(Year)(18) BIRTHPLACE Anderson Co(19) OCCUPATION House wife

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

Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 8:30 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. C. Mignard M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson - 8

Given name added from a supplemental report

(26) Witness

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

(27) Date June 20, 1923(28) Local Registrar. J. H. Linton

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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W. H. (Linton) #4