

Form No. 1

(1) PLACE OF BIRTH

County of Cachem

Township of

or
Inc. Town of St. Matthewsor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29106

Registration District No. 8A Registered No. 33

(For use of Local Registrar)

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

(2) Full Name of Child Robert Taylor

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

(3) BOY OR GIRL <u>by</u>	(4) Twin or Triplet? <u>()</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>()</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 15, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harry Taylor(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farm work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Esie Guignard(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm work(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 Alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydian X Guignard(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness DR. Caba
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 18, 1922 (28) DR. Caba
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.