

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, after OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA		2188	
Township of <u>Holly Hill</u>		Bureau of Vital Statistics			
Inc. Town of <u>Holly Hill</u>		State Board of Health			
City of <u>Holly Hill</u>		Registration District No. <u>3609</u>		Registered No. <u>6</u>	
(No. <u>1</u> )		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>St.</u>		Ward <u>Ward</u>	
(2) Full Name of Child <u>Will Taylor</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 6, 22</u>	
To be answered only in case of Twins or Triplets				(Size of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Earl Thomas</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Holly Hill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Holly Hill S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u>			(17) AGE AT LAST BIRTHDAY <u>20</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Team Hand</u>			(19) OCCUPATION <u>Team Hand</u>		
(20) Number of children born to mother, including present birth <u>1 2</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Will Taylor</u> at <u>9 P.</u> M., on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. J. L. L. L.</u>					
(24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Holly Hill S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>M. M. M.</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>1/12</u> 19 <u>22</u> (28) <u>H. M. M.</u> 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.