

(1) PLACE OF BIRTH

County of SpartanburgTownship of 11or
Inc. Town of 11or
City of 11

(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. 11-For State Registrar

5101

Registration District No. 40-a Registered No. 70

(For use of Local Registrar)

(No. 198 Erins St.; 7 Ward)(2) Full Name of Child Jack Carlisle Taylor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Type or Weight <u>To be reported only in case of Twins or Triplets</u>	(5) Number in order of birth <u>9</u>	(6) Age Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 7 1933</u> (Month of birth) (Day) (Year)
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FATHER

(8) FULL NAME John W. Taylor(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Year)(12) BIRTHPLACE Lancaster S.C.(13) OCCUPATION Salaman(14) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Carrie Johns(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Year)(18) BIRTHPLACE Union S.C.(19) OCCUPATION at Home(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)(22) (Signature) A.R. S. H.(23) State whether Physician or Midwife Phys.(24) Address of Physician or Midwife Spartanburg S.C.

(25) Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3-1-33 19 23

Registrar

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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