

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of St. George

(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. 35703

Registration District No. 170.3Registered No. 79
(For use of Local Registrar)

(2) Full Name of Child

J. L. Harrison

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

| | | | |
|--------------------------------|--|--|---|
| (3) SEX OF CHILD <u>Boy</u> | (4) Type of Birth <u>Is in general only in case of Twin or Triple</u> | (5) Number in order of birth <u>1</u> | (6) Date of Birth <u>Sept 12, 1923</u> |
|--------------------------------|--|--|---|

| | | | |
|---|--|--|---|
| FATHER. | | MOTHER. | |
| (7) FULL NAME <u>Dan Harrison</u> | (8) NAME BEFORE MARRIAGE <u>Neil Jackson</u> | (9) PRESENT RESIDENCE OF FATHER <u>St. George, S.C. R. 2 D. 2</u> | (10) PRESENT RESIDENCE OF MOTHER <u>St. George, S.C. R. 2 D. 2</u> |
| (11) COLOR OR RACE <u>White</u> | (12) AGE AT LAST BIRTHDAY <u>22</u> | (13) COLOR OR RACE <u>White</u> | (14) AGE AT LAST BIRTHDAY <u>24</u> |
| (15) BIRTHPLACE <u>S.C.</u> | (16) OCCUPATION <u>Farmer</u> | (17) BIRTHPLACE <u>S.C.</u> | (18) OCCUPATION <u>Wife</u> |
| (19) Number of children born to mother, including present birth <u>One</u> | (20) Number of children of this mother now living, including present birth <u>One</u> | | |

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) (Hour A. M. or P. M.)(22) (Signature) M. J. J.(23) State whether Physician or Midwife Phys(24) Address of Physician or Midwife St. George, S.C.

Given name added from a supplemental report

J. M. B. Woodard
June 19, 1923
Registrar

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

(26) Dec 10, 1923 (27) Betty Jennings

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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PLACE OF BIRTH

Berkley
1st Stephen
 of
 Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. *705*

FILE No.—For State Registrar Only

*19998-a*Registered No. *137*
(For use of Local Registrar)(No. *32-23486* Ward)

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

FULL NAME OF CHILD

Everett Albert Taylor

SEX

A. Twin or Triplet?

B. Number in order of birth

C. Are Parents Married?

DATE OF BIRTH
July 12 1923
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL NAME

Everett A. Taylor

PRESENT POSTOFFICE OF FATHER

Russellville

COLOR OR RACE

*white*11. AGE AT LAST BIRTHDAY *30*
(Years)

BIRTHPLACE

Ohio

OCCUPATION

Lawyer

Number of children born to mother, including present birth

1

MOTHER

12. NAME BEFORE MARRIAGE

Laura Rodrigue

13. PRESENT POSTOFFICE OF MOTHER

Russellville

14. COLOR OR RACE

*white*17. AGE AT LAST BIRTHDAY *19*
(Years)

15. BIRTHPLACE

La.

16. OCCUPATION

Housework

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *4 P. M.*
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

23. Signature

J. J. Boykin

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Physician
Russellville

26. Witness

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

27. Filed

*Oct 4 1928**1928**Miss W. H. Schipman*
Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

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