

FORM NO. 2.

(1) PLACE OF BIRTH

County of DptTownship of Dpt

or Town of

or City of Port Royal

(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

File No.—For State Registrar Only

41018

Registration District No. 600 Registered No. 13197

(For use of Local Registrar)

(2) Full Name of Child William A. Taylor { If child is not yet named, make supplemental report as directed

(3) BOY OR

Girl(4) Twin or Triplet? X

To be answered only in case of twins or triplets

(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH 12. 31. 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm A. Taylor

(9) PRESENT POSTOFFICE OF FATHER

Port Royal

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

Fla.

(13) OCCUPATION

Pump Engineer

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

{ 8

MOTHER.

(14) NAME BEFORE MARRIAGE

Edith B. Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Port Royal

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Liverpool England

(19) OCCUPATION

House wife

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

{ 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 20 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. B. Cope

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1. 1. 1923

(28)

M. B. Cope

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.

THIS IS A PERMANENT RECORD. 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.

McKay, of Columbia.