

(1) PLACE OF BIRTH

County of Storry
 Township of Elroy
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41038

Registration District No. 2578 Registered No. 130
 (For use of Local Registrar)

(No. St. Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Female (4) Twin or Triplet No (5) Number in order of birth No (6) MARRIAGE No (7) DATE OF BIRTH Dec 29, 23
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Chester Taylor (9) PRESENT POSTOFFICE OF FATHER Nichols St. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (12) BIRTHPLACE Loneum G. Mo. (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Mallie Ells (15) PRESENT POSTOFFICE OF MOTHER Nichols St. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (18) BIRTHPLACE Storry S.C. (19) OCCUPATION House Wife (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(Given name added from a supplemental report)

(25) Witness

(Signature of Witness necessary only when question 23 is signed "stillborn")

(26) Filed

(Date)

19... 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.