

(1) PLACE OF BIRTH

County of Lee  
Township of Mechanicville  
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

90712

Registration District No. 3003... Registered No. 550.....  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL GIRL (4) Twin None (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20 194  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Eddie Taylor (14) NAME BEFORE MARRIAGE Arlene Boyd  
(9) PRESENT POSTOFFICE OF FATHER Osceola, S.C. (15) PRESENT POSTOFFICE OF MOTHER Osceola, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(12) BIRTHPLACE Lee Co. S.C. (18) BIRTHPLACE Lee Co. S.C.  
(13) OCCUPATION Farm Hand (19) OCCUPATION House Wife  
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary McMillon (24) State whether Physician or Midwife (25) Address of Physician or Midwife Osceola, S.C.

Given name added from a supplemental report

(26) Witness C. P. Baker  
(Signature of Witness necessary only when question 23 is signed by mark)

194 Registrar (27) Filed 12/28 194 (28) C. P. Baker 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6. MCGRAW HILL BOOK CO., COLUMBIA, S. C.