

(1) PLACE OF BIRTH

County of LexingtonTownship of Gilbert's Hollow

Inc. Town of

City of

(No. St. Ward) (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. 10.—For State Registrar Only

20182

Registration District No. 11.07 Registered No. 65.....
(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL Girl (2) Twin or Triplet one (3) Number in order of birth 3 (4) Age yes (5) DATE OF BIRTH July 18, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(6) FULL NAME Lemmon Rufus Taylor (14) NAME BEFORE MARRIAGE Vera-Memmie Hite(7) PRESENT POSTOFFICE OF FATHER Cesville S.C. R.F.D. No 3 (15) PRESENT POSTOFFICE OF MOTHER Cesville S.C. R.F.D. No 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Lexington County (18) BIRTHPLACE Lexington County(13) OCCUPATION Farmer (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 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Harry B. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cesville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) P. J. ... Registrar

*When there was no attending physician or midwife, then the father, householder, etc. must 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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