

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

(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

31925

Registration District No. 38A Registered No. 1717

(For use of Local Registrar)

City of Columbia (No. Benedict St.; ..... Ward)  
Theresa (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Blanche Taylor { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Take reported only in case of twins or triplets.</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 11, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Taylor(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Blacksmith(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Blanche Harris(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Paula(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1476 1/2 Main

Given name added from a supplemental report

Sept. 22, 1922M. B. Woodward, SullRegistrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9-29-22 (28) .....  
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 stillborn before the fifth month of pregnancy.

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FOUR NO. 2 MARGIN ISSUES FOR RECORDING

WRITE PLAINLY. FILL IN ALL SPACES. DO NOT WRITE IN THE MARGINS. DO NOT WRITE IN THE SPACES BETWEEN THE LINES. DO NOT WRITE IN THE SPACES BETWEEN THE LINES. DO NOT WRITE IN THE SPACES BETWEEN THE LINES.