

(1) PLACE OF BIRTH

County of FairfieldTownship of No 2Inc. Town of No 2City of No 2

(If birth occurs in a hospital or other institution, give name of same instead of a street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
24314Registration District No. 1901 Registered No. 60
(For use of Local Registrar)(2) Full Name of Child Herbert Taylor

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

3) BOY OR GIRL Boy 4) Twin or Triplet No 5) Stillborn No 6) DATE OF BIRTH Aug 16 23
(Name of Month) (Day) (Year)FATHER: 8) FULL NAME Herbert Taylor 9) PRESENT POSTOFFICE OF FATHER Wadsworth SC10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 23 12) BIRTHPLACE SC13) OCCUPATION Farmer14) NAME BEFORE MARRIAGE Marie Bell 15) PRESENT POSTOFFICE OF MOTHER Wadsworth SC16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 23 18) BIRTHPLACE SC19) OCCUPATION Housewife20) Number of children born to mother, including present birth One 21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was about 11 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Edith S. Taylor (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wadsworth SC

Given name added from a supplemental report

(26) Witness W. A. Williams (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 16 23 (28) W. A. Williams 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.

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W. A. Williams