

(1) PLACE OF BIRTH

County of SummervilleTownship of West

or Inc. Town of

City of

(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

42660

Registration District No. 2207 Registered No. 133
(For use of Local Registrar)

City of

2) Full Name of Child Julius Clarence Taylor { If child is not yet named, make supplemental report as directed

(3) BCY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 1 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER

(8) FULL NAME Lee Taylor(14) NAME BEFORE MARRIAGE William Bird(9) PRESENT POSTOFFICE OF FATHER Greer & Co(15) PRESENT POSTOFFICE OF MOTHER Greer & Co(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE SC(18) BIRTHPLACE Ala(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born at 2 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer & Co

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 2 1912

(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 stillbirths before the fifth month of pregnancy.

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