

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbevilleor
Inc. Town of _____or
City of _____(No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Guilford Taylor

File No.—For State Registrar Only

38126

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 148 Registered No. 98

(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 19 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wiley Taylor(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. - R.F.D. 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Flomies Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ollie Boyte(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. - R.F.D. 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15
(Years)(18) BIRTHPLACE Summerville Co. S.C.(19) OCCUPATION Housewife(20) 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 born live at 6 - P. M. on the date above stated.
(Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed Dec 22 1923 (28) S. E. Pressley 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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