

When filling out, with one exception, use a separate blank for each child, and in case of twins or triplets use a separate blank for each child, and in case of first-born, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>				STATE OF SOUTH CAROLINA		17207	
Township of <u>Six</u>				Bureau of Vital Statistics		16	
Inc. Town of				State Board of Health		Registered No.	
City of				Registration District No. <u>2105</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. St. Ward)			
(2) Full Name of Child <u>Holden E. Taylor</u>				(If child is not yet named, make supplemental report as directed)			
(3) SEX OR GENDER <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) From what source <u>Birth</u>	(7) DATE OF BIRTH <u>June 24, 1923</u>			
				(8) (Month) (Day) (Year)			
FATHER.				MOTHER.			
(9) FULL NAME <u>Walter Taylor</u>				(10) NAME BEFORE MARRIAGE <u>Addie Pryor</u>			
(11) PRESENT RESIDENCE OF FATHER <u>Hemingway S.C.</u>				(12) PRESENT RESIDENCE OF MOTHER <u>Hemingway S.C.</u>			
(13) COLOR OR RACE <u>Negro</u>				(14) AGE AT LAST BIRTHDAY <u>30</u>			
(15) BIRTHPLACE <u>Georgetown Co. S.C.</u>				(16) BIRTHPLACE <u>Georgetown Co. S.C.</u>			
(17) OCCUPATION <u>Farming</u>				(18) OCCUPATION <u>Housewife</u>			
(19) Number of children born to mother, including present birth <u>2</u>				(20) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(21) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(22) (Signature) <u>Annie Green</u>				(23) Address of Physician or Midwife <u>Hemingway S.C.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>							
Given name added from a supplemental report				(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)			
				(26) Filed <u>June 30, 1923</u> (27) <u>J. B. M. & Cracker</u> 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.