

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

10380

Registration District No. 909Registered No. 80
(For use of Local Registrar)(No. 5-Mile 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

James Taylor

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

To be answered only in case of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 22, 1932

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Davis

(9) PRESENT POSTOFFICE OF FATHER

Myers S. C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

Ashley S. C.

(13) OCCUPATION

Public Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Beatrice Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Myers S. C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

15
(Years)

(18) BIRTHPLACE

Charleston Co.

(19) OCCUPATION

Housework

(20) Number of children born to mother, including present birth

1

(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 born alive at 3:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary E. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeUnion Heights

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

April 24, 1932

(28)

B. F. Myers

Local Registrar

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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.

Register

Register

G.P.S.