

1. PLACE OF BIRTH  
Charleston

County of \_\_\_\_\_

Township of \_\_\_\_\_

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 Birth Report  
9/383A

Registration District No. \_\_\_\_\_ Registered No. 15112

(For use of Local Registrar)

(No. 46 Trade St. St.; \_\_\_\_\_ Ward)

2. FULL NAME OF CHILD William Taylor Jr.

3. SEX OR GENDER Boy 4. Twin or Triplet \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married Yes 7. DATE OF BIRTH Oct. 2 1933  
(Name of Month (Day) (Year))

8. FULL NAME William Taylor 14. NAME BEFORE MARRIAGE Lydia Wright

9. PRESENT POSTOFFICE OF FATHER City 15. PRESENT POSTOFFICE OF MOTHER City

10. COLOR OR RACE Col. 11. AGE AT LAST BIRTHDAY 22 12. AGE AT LAST BIRTHDAY 18  
(Years) (Years)

12. BIRTHPLACE John Island, S.C. 13. BIRTHPLACE Edisto Island, S.C.

13. OCCUPATION Boatman at Clyde Bine 14. OCCUPATION Cook

15. Number of children born to mother, including present birth 2 16. Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

22. I hereby certify that I attended the birth of this child, who was born alive 3:30 A.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.

23. Signature Rebecca (J)

24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife King St.

Given name added from a supplemental report

26. \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed 9/15 1933 C. B. Ragnall  
Registrar 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.