

WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the
WATER PLAINLY. WITH TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Aiken
Township of Gregg
or
Inc. Town of Graniteville
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2-B
Registered No. 38
(For use of Local Registrar)
St.; _____ Ward)
(No. _____)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Taylor
(3) BOY OR GIRL Girl
(4) Twin or Triplet? No
(5) Number in order of birth 1
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Sept. 8
(Name of Month) (Day) (Year)
FATHER.
(8) FULL NAME William Abner Taylor
(9) PRESENT POSTOFFICE OF FATHER Graniteville S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 31
(Years)
(12) BIRTHPLACE Aiken Co. S.C.
(13) OCCUPATION Mill Work
(20) Number of children born to mother, including present birth 2
MOTHER.
(14) NAME BEFORE MARRIAGE Marinda Carter
(15) PRESENT POSTOFFICE OF MOTHER Graniteville S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 31
(Years)
(18) BIRTHPLACE Aiken Co. S.C.
(19) OCCUPATION Domestic
(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 at 5:40 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. P. Pearson, M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Graniteville S.C.

Given name added from a supplemental report
(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 10 1922 Local Registrar
(28) _____

*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.

Oct 10 1922 J. R. Hedlock
Local Registrar

Given name added from a supplemental report