

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 FloraTownship of TimmonevilleOR
Inc. Town ofOR
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 State Registrar Only

38373

Registration District No. 3015Registered No. 83
(For use of Local Registrar)(2) Full Name of Child Catherine Taylor

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

July 23, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

King Taylor

(9) PRESENT POSTOFFICE OF FATHER

Timmoneville(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 25
(Year)

(12) BIRTHPLACE

Flora Co.

(13) OCCUPATION

Salvage

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Graden Worthy

(15) PRESENT POSTOFFICE OF MOTHER

Timmoneville(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTHPLACE

Flora Co.

(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 at 8 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature) J. A. Miles

(24)

State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27)

Filed Dec. 1, 1922

(28)

at Flora

(29)

by R. H. Nelson

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.