

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

(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

75959

Registration District No. 9A Registered No. 936

(For use of Local Registrar)

(No. 2 Johnson St., Meeting St. Ward)(2) Full Name of Child Emma Belle 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

Sept 5, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Taylor

(9) PRESENT POSTOFFICE OF FATHER

2 Johnson St. Charleston S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Laborer

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

Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosal Nelson

(15) PRESENT POSTOFFICE OF MOTHER

2 Johnson St. Charleston S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

Jacksonboro S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a M., on the date above stated. (Born alive or stillborn) (Day A. M. or P. M.)

(23) (Signature)

Phyllis (Mark) Young

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife157 St. Pauline St.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

Wm. W. House, M.D.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

9/9

191.....

(28)

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.