

Form No. 10.
MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
§. 2.—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.
McCaw, of Columbia.

(1) PLACE OF BIRTH		COUNTY OF <u>Fluvanna</u>		TOWNSHIP OF <u>Tammurville</u>	
STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health				FILE NO.—For State Registrar Only 42870	
Inc. Town of <u>or</u>		Registration District No. <u>2010</u>		Registered No. <u>122</u>	
City of <u>(No. St.; Ward)</u>		(For use of Local Registrar)			
(2) Full Name of Child <u>Mary Ann</u> <u>John Taylor</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Mar 11 1915</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jack Lee</u>			(14) NAME BEFORE MARRIAGE <u>Paul Taylor</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Tammurville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Tammurville</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>.....</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>.....</u> (Years)		
(12) BIRTHPLACE <u>Tammurville</u>			(18) BIRTHPLACE <u>Tammurville</u>		
(13) OCCUPATION <u>Garbure</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Tammurville</u> , M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nina S. Simons</u>					
(24) State whether Physician or Midwife <u>mid wife</u> (25) Address of Physician or Midwife <u>Tammurville</u>					
Given name added from a supplemental report <u>.....</u> 191.....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>.....</u>		
..... Registrar			(27) Filled <u>191.....</u> (28) <u>.....</u> 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.

§. 3.—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.