

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71054

Registration District No. 110

Registered No. 24  
(For use of Local Registrar)City of (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Shelley May  
(If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Aug 14 1916  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Halter Taylor</u>	(14) NAME BEFORE MARRIAGE <u>Oliver Klugh</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE <u>Abbeville Co S.C.</u>	
(13) OCCUPATION		(19) OCCUPATION <u>Farmer</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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Celia Proff(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Abbeville 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 Aug 21 1916 (28) B. B. Jones 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.

MARGIN RESERVED FOR FILING.  
 THIS BLANKET WITH SUPPLEMENTAL REPORT IS A PERMANENT REPORT.  
 IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL, COLUMBIA, S. C.