

PLACE OF BIRTH

City of

Town of

or

If birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child

Y OR

REL?

ALL

NAME

PRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
87555

Registration District No. **4009** Registered No. **151**
(For use of Local Registrar)

St.; Ward)

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

FATHER.

(1) NAME BEFORE MARRIAGE **John Alexander Taylor**

(2) PRESENT POSTOFFICE OF FATHER **Woodruff S.C. R3**

(3) COLOR OR RACE **White**

(4) BIRTHPLACE **Lickens Co**

(5) OCCUPATION **Farmer**

(6) Number of children born to mother, including present birth **1**

(7) DATE OF BIRTH **Nov 19 1916**
(Name of Month) (Day) (Year)

(8) NAME BEFORE MARRIAGE **Allin Mae Poole**

(9) PRESENT POSTOFFICE OF MOTHER **Woodruff S.C. R3**

(10) COLOR OR RACE **White**

(11) BIRTHPLACE **Spartanburg**

(12) OCCUPATION **House keeper**

(13) Number of children of this mother now living, including present birth **1**

(14) I hereby certify that I attended the birth of this child, who was **alive** at **1 P** M., on the date above stated.

(15) (Signature) **H. H. Woodruff**

(16) State whether Physician or Midwife **Physician**

(17) Address of Physician or Midwife **Woodruff S.C.**

(18) Given name added from a supplemental report

(19) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(20) Filed **12/11 1916** (21) Local Registrar **Chas. P. Bayler**

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.

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.

For State Registrar Only
87555

No. **126**
Local Registrar)

..... Ward)

et named, make
ort as directed

3
19 **16**
(Year)

1

25

26

27

28

29

30

31

32

33

34

35

36