

MARGIN RESERVED FOR BINDING.
 WRITE 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 8.

(1) PLACE OF BIRTH
 County of Greenwood
 Township of Walnut Grove
 or Woodsboro & Co.
 Inc. Town or City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 1314 Registered No. 811
 (For use of Local Registrar)

File No.—For State Registrar Only
43171

(2) Full Name of Child Charlie Elmer Saylor } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No.</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>35</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 28 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>William Boice Saylor</u>		(14) NAME BEFORE MARRIAGE <u>Lana Buttrick</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Woodsboro S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Woodsboro S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Anderson Co S.C.</u>		(18) BIRTHPLACE <u>Pennsylvania O.R.</u>		
(13) OCCUPATION <u>Cotton Mill overseer</u>		(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Woodsboro on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. H. Workman
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodsboro S.C.

Given name added from a supplemental report 191..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. H. Workman</u> (27) Filed <u>Jan 5 1916</u> (28) <u>J. H. Workman</u> Local Registrar
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*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.