

(1) PLACE OF BIRTH
 County of *Spartanburg*
 Township of *Woodruff*
 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
79354

Registration District No. *4009* Registered No. *112*
 (For use of Local Registrar)
 St.: _____ Ward:

(2) Full Name of Child *Lillie Virginia Taylor* (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? GIRL (4) Twin or Triplet? _____ (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 *R. Henry Taylor*
 (9) PRESENT POSTOFFICE OF FATHER *Woodruff S.C.*
 (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *54* (Years)
 (12) BIRTHPLACE *Edgefield Co*
 (13) OCCUPATION *Farmer*
 (14) Number of children born to mother, including present birth *14*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Eula Thompson*
 (15) PRESENT POSTOFFICE OF MOTHER *Woodruff S.C.*
 (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *39* (Years)
 (18) BIRTHPLACE *Lawrence Co*
 (19) OCCUPATION *Domestic*
 (21) Number of children of this mother now living, including present birth *12*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
 (22) I hereby certify that I attended the birth of this child, who was *alive* (Both alive or stillborn) (Hour A. M. or P. M.) *9:30 P. M.*
 on the date above stated. *E. O. Posey, M.D.*
 (23) (Signature) *E. O. Posey, M.D.*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Woodruff S.C.*

Given name added from a supplemental report _____
 191 _____
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *Chas. L. Boyer*
 (27) Filed *9/13 1916* (28) *Chas. L. Boyer* Local Registrar

Registrar _____
 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.