

(1) PLACE OF BIRTH
County of Charleston, S.C.

Township of

or
Inc. Town of

City of Charleston, S.C. Registration District No. 9A Registered No. 1289
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. 268 Ashley Ave. St.; Ward

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

File No.—For State Registrar Only
84659

(2) Full Name of Child. Virginia Taylor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>November 19, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Robert Taylor</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>268 Ashley Ave. Charleston, S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>	(12) BIRTHPLACE <u>Charleston, S.C.</u>
(13) OCCUPATION <u>Blacksmith</u>	
(20) Number of children born to mother, including present birth { <u>2</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Virginia Holbeck</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>268 Ashley Ave. Charleston, S.C.</u>	
(16) COLOR OR RACE <u>Colored</u>	(18) BIRTHPLACE <u>Charleston, S.C.</u>
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth { <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1230 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha L. Landon Landon
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 31-Allway St.

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11/27/16 (28) J. M. New 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 sixth month of pregnancy.

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 5.

When not reported as stillborn, No report is desired of stillbirths before the sixth month of pregnancy.