

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Greenville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

56110

Township of Paris Mountainor  
Inc. Town of .....Registration District No. 2214 Registered No. 9

(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 ..... } 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 8 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Henry Taylor(9) PRESENT POSTOFFICE R.F.D. #1  
OF FATHER Greenville, S.C.(10) COLOR White (11) AGE AT LAST BIRTHDAY 31  
OR RACE (Years)(12) BIRTHPLACE Greenville Co., S.C.(13) OCCUPATION  
Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Effie May Iola Carpenter(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR White (17) AGE AT LAST BIRTHDAY 31  
OR RACE (Years)(18) BIRTHPLACE Greenville Co., S.C.(19) OCCUPATION  
At Home(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 7:30 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. P. Benson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. D.Travelers Rest, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Apr 21 1916 (28) John A. Hester  
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.

M. D.—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.