

AT LEAST ONE OF TWINS OR TRIPLETS HAS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Gunnville
 Township of Gunnville
 or
 Inc. Town of
 or
 City of Durham

CERTIFICATE OF BIRTH

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

File No.—For State Reg.

16388

Registration District No. Registered No.
 (For use of Local Rel.)
 No. # 7 Hoymsworth W.
 (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>15</u> <u>1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Earl E. Taylor</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Slator</u>	(9) PRESENT POSTOFFICE OF FATHER <u># 7 Hoymsworth</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>None</u>	(10) COLOR OR RACE <u>W</u>
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(12) BIRTHPLACE <u>W.C.</u>	(18) BIRTHPLACE <u>W.C.</u>
(13) OCCUPATION <u>Mill work</u>	(19) OCCUPATION <u>house</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:40 am, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John P. Hill
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife W. C. Hill

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John P. Hill
 (27) Filed 1916 (28) _____ 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.

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