

W. 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 5.  
McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of Dorchester  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
45122

Registration District No. 105 Registered No. 89  
(For use of Local Registrar)

Sl.: ..... Ward)

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

(3) <del>NOT</del> OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 10 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Mary Miller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Donalds</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Donalds</u>	
(10) COLOR OR RACE <u>Black</u>		(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Greenwood Co</u>			(18) BIRTHPLACE <u>Abbeville Co</u>	
(13) OCCUPATION <u>Farm Tenant</u>			(19) OCCUPATION <u>House wife</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 alive at 4 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Cornelia Sanders

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

Given name added from a supplemental report

9/10 1916

C. H. Campbell Registrar

(26) Witness W. H. N. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 12 1916 (28) W. H. N. Campbell 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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