

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Zenobia

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75072

Township of Hopewellor  
Inc. Town of .....Registration District No. 4301 Registered No. 299

(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 Samuel Perry Taylor } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? — To be answered only in event of Twins or Triplets	(5) Number in order of birth —	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 3rd 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Samuel B Taylor(9) PRESENT POSTOFFICE OF FATHER Greelyville P.O.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Zenobia S.C.(13) OCCUPATION Physician(20) Number of children born to mother, including present birth { One }

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Perry(15) PRESENT POSTOFFICE OF MOTHER Greelyville P.O.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { One }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... 10:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. S. Taylor

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

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 Aug 9 1916 (28) E. S. Taylor 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.

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.