

FORM NO. 8
 MARRIAGE ELIGIBLE, WHICH USES FADING 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.
 Md. Div. of Columbia

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of American Sp. Co.
 City of American Sp. Co.
 (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
77322

Registration District No. 7309 Registered No. 479
 (For use of Local Registrar)

(2) Full Name of Child Milma Lucile Taber } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sidney V. Taber
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
Epworth St.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Barber
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Minnie Sue McCreary
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
Grand Wagon St.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. J. Charles
 (24) State whether Physician or Midwife M.D.
 (25) Address of Physician or Midwife Greenville S.C.

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 Oct 6 1916 (28) A. H. Mackey
 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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