

FORM NO. 8  
 MARGIN RESERVED FOR BINDING.  
 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.  
 No. 1 of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or  
 Inc. Town American Sp. Co.

or  
 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

Registration District No. 2709

File No.—For State Registrar Only

77322

Registered No. 479

(For use of Local Registrar)

(2) Full Name of Child Wilma Lucile Taber

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept. 15 1916

(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 Hannie Lee McCrary

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 2nd W. 1st 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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. J. Charles M.D.

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

Physician Greenville S.C.

Given name added from a supplemental report

1916

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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