

(1) PLACE OF BIRTH

County of

Township of

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

86521

Registration District No.

Registered No.

(For use of Local Registrar)

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

*no*

(5) Number in order of birth

*2*

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*Oct. 22, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Rubens Taylor*

(9) PRESENT POSTOFFICE OF FATHER

*Ferrville S.C.*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*27*

(Years)

(12) BIRTHPLACE

*Georgetown Co.*

(13) OCCUPATION

*Working*

(20) Number of children born to mother, including present birth

*2*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Mattie Taylor*

(15) PRESENT POSTOFFICE OF MOTHER

*Ferrville S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*20*

(Years)

(18) BIRTHPLACE

*Georgetown Co.*

(19) OCCUPATION

*Working*

(21) Number of children of this mother now living, including present birth

*2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

*L. M. Grossman M.D.*

(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 *Dec 14 1916*

(28)

*R. L. Shealy*

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.

WHEN THIS PLAINLY WRITTEN CERTIFICATE IS A SUPPLEMENTARY REPORT, IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AT COLUMBIA, SOUTH CAROLINA. IN CASE OF TWINS OR TRIPLETS, USE A SUPPLEMENTARY REPORT, NO. 2, ETC. IN QUESTION 5. FIRST-HORN, NO. 1, THIS OFFICE, NO. 2, ETC. IN QUESTION 5.