

(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

77278

Registration District No.

220

Registered No.

437

(For use of Local Registrar)

(No. of Street)

Cedar Lane Rd

St.; Ward

(2) Full Name of Child

Florence Taylor

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

May 22, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Geo. F. Taylor

(9) PRESENT POSTOFFICE OF FATHER

Gunnville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Tenn. Miss.

(13) OCCUPATION

Lumber

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

4

(14) NAME BEFORE MARRIAGE

Lora Woss

(15) PRESENT POSTOFFICE OF MOTHER

Gunnville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Shelby N.C.

(19) OCCUPATION

Domestic

(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 12 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Geo. F. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

physician Gunnville S.C.

Given name added from a supplemental report

191...

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sep 13, 1916

(28)

A. H. Mackie

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 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.