

FORM No. 10. MARGIN RESERVED FOR BINDING. WHILE 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.

(1) PLACE OF BIRTH
County of Sumter
Township of Stateburg
or
Inc. Town of
or
City of (No. LANCON St.; Ward)
(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

44842

Registration District No. 4109 Registered No. 112
(For use of Local Registrar)

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

(3) BOY OR GIRL? boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Dec. 22 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Taylor Sr.
(9) PRESENT POSTOFFICE OF FATHER Horatio S. L.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Kershaw Co.
(13) OCCUPATION Railroad hand.
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Dinah Tawson
(15) PRESENT POSTOFFICE OF MOTHER Horatio S. L.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Sumter Co.
(19) OCCUPATION Farm labourer
(20) 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 5 P M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Midwife (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Libby Howard

Given name added from a supplemental report

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

(27) Filed Jan 3 1915 (28) Benj. Sandus 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.