

FORM NO. 1  
M. S.  
MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Union  
Township of Union  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**87630**

Registration District No. 42-A Registered No. 174  
(For use of Local Registrar)  
City of Union (No. 7 Enterprise St.: 4 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Bonnie Beatrice Taylor

(2) Full Name of Child Bonnie Beatrice Taylor If child is not yet named, make supplemental report as directed

|  |   |   |   |   |
|--|---|---|---|---|
| (3) BOY OR GIRL? <u>girl</u>   | (4) Twin or Triplet? <u>No</u><br><small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth <u>1</u>   | (6) Are Parents Married? <u>Yes</u>                           | (7) DATE OF BIRTH <u>Nov. 13, 1916</u><br><small>(Name of Month) (Day) (Year)</small> |
| (8) FULL NAME <u>Frank Clay</u>  |   | (14) NAME BEFORE MARRIAGE <u>Ella Rousson</u>                                       |   |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Enterprise St. Union S.C.</u>        |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Enterprise St. Union S.C.</u>                  |   |   |
| (10) COLOR OR RACE <u>white</u>  | (11) AGE AT LAST BIRTHDAY <u>45</u><br><small>(Years)</small>                                     | (16) COLOR OR RACE <u>white</u>   | (17) AGE AT LAST BIRTHDAY <u>37</u><br><small>(Years)</small> |   |
| (12) BIRTHPLACE <u>Le Noir, N.C.</u>                                     |   | (18) BIRTHPLACE <u>Enterprise St. Union S.C.</u>                                    |   |   |
| (13) OCCUPATION <u>Work Overseer in repair cotton mill</u>               |   | (19) OCCUPATION <u>Domestic</u>   |   |   |
| (20) Number of children born to mother, including present birth <u>7</u> |   | (21) Number of children of this mother now living, including present birth <u>6</u> |   |   |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) O. P. Jackson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report  
10125743 191  
L. R. Piser M.D.  
Registrar

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

(27) Filed Nov. 18, 1916 (28) D. G. Sarrott  
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.