

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

71021

Registration District No. 107

Registered No. 60

(For use of Local Registrar)

St.; (Ward)

(2) Full Name of Child

Sara Jane

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug. 30, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edd Taylor

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C. 8720

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Farming

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Susie Jones

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C. 8720

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

Abbeville Co.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Martha J. Burton

(24) State whether Physician or Midwife

Midwife

Abbeville S.C.

Given name added from a supplemental report

(26) Witness

S.E. Miller

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

(27) Filed

Sept. 2, 1916

(28) E.H. Miller

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 FINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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.

McGraw, of Columbia