

FORM NO. 10. MARRIAGE REGISTERED THE BIRTH OF A CHILD. WHEN A FATHER OR MOTHER IS A FOREIGNER, AND MARK THE WHERE BORN. WITH UNFADING INK—THIS IS A PERMANENT BLANK FOR EACH CHILD, AND MARK THE N. B.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, IN QUESTION 5. FIRST-BORN. NO. 1. THE OTHER. NO. 2, ETC., IN QUESTION 5.

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

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Brookland  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**50596**

Registered No. 11  
 (For use of Local Registrar)

Registration District No. 4-1-06

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

(3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 16 1906  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME David Taylor  
 (9) PRESENT POSTOFFICE OF FATHER Rumbout S.C.  
 (10) COLOR OR RACE Ways (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Sumter Co. S.C.  
 (13) OCCUPATION Free Laborer  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annis Hopkins  
 (15) PRESENT POSTOFFICE OF MOTHER Rumbout S.C.  
 (16) COLOR OR RACE Ways (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Sumter Co. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 7

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

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

(23) (Signature) James Taylor  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rumbout S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191.....  
 \_\_\_\_\_, 191.....  
 Registrar

(26) Witness W. L. Hatcher (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 19 1906 (28) W. L. Hatcher 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.

(Copy from original in journal)