

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.

Caw. of Columbia

(1) PLACE OF BIRTH

County of BerkleyTownship of 2nd St. Johnsor
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

48206

Registration District No. Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Emily Baylor

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 Twin or Triplet's

(5) Number in order of birth

(6) Are yes Parents Married?(7) DATE OF BIRTH Feb. 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Langston Baylor(9) PRESENT POSTOFFICE OF FATHER Moncks Corner S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

Berkley Co

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE Adda Wilkins(15) PRESENT POSTOFFICE OF MOTHER Moncks Corner S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE

Berkley Co

(19) OCCUPATION

Farming

(21) 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 born alive at Moncks Corner S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Sarah X. Mangum

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Moncks Corner S.C.

Given name added from a supplemental report

(26) Witness E. Danila
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 29 1916 (28) J. O. Cain 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.