

(1) PLACE OF BIRTH

County of QuincyTownship of Latin

or

Inc. Town of

or

City of Latimer (No. 519 St.; 5-8 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Theodore B. TaylorFile No. For State Registrar Only
68039Registered No. 5-8
(For use of Local Registrar)(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH June 10, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME John Fields(9) PRESENT
POSTOFFICE
OF FATHER Latimer, S. C.(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE Latimer, S. C.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 7

MOTHER.

(14) NAME BEFORE
MARRIAGE Miss Sarah Taylor(15) PRESENT
POSTOFFICE
OF MOTHER Latimer, S. C.(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE Latimer, 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 at Latimer, S. C. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John B. Taylor(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Latimer, S. C.Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 13, 1916

(28)

Local Registrar

RECEIVED HEREON IS A PERMANENT RECORD.
WITH 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.

Latimer, S. C.
MAY 10 1916
MAY 10 1916

*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.