

(1) PLACE OF BIRTH

County of FairfieldTownship of 7or
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

72638

Registration District No. 1749 Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Flora Lee Taylor If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? None

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Taylor

(9) PRESENT POSTOFFICE OF FATHER

Winnsboro S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Fairfield Co.

(13) OCCUPATION

Farmer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Hall

(15) PRESENT POSTOFFICE OF MOTHER

Winnsboro S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Fairfield Co.

(19) OCCUPATION

Labour

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sylvia Gladney

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

MidwifeWinnsboro S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness Mrs. E. G. Frady
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 10, 1916 (28) E. G. Frady
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 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.
McCaw, of Columbia.