

(1) PLACE OF BIRTH

County of Fairfield  
 Township of 7  
 or  
 Inc. Town of .....  
 or  
 City of .....

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. 199 Registered No. 26  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>None</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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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) Mrs. Sylvia Gladney

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Winnsboro S.C.

Given name added from a supplemental report

(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.