

Form No. 1.

(1) PLACE OF BIRTH

County of Flomina

Township of .....

Inc. Town of Flomina

City of Flomina

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

42782

Registration District No. 20-A Registered No. 265

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Age at Birth 4 (7) DATE OF BIRTH 12 5 15  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) PRESENT POSTOFFICE OF FATHER Flomina (9) PRESENT POSTOFFICE OF MOTHER Flomina

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 (Years) (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 30 (Years)

(14) BIRTH PLACE Whitaker NC (15) BIRTH PLACE Whitaker NC

(16) OCCUPATION No Agency (17) OCCUPATION Drum

(18) Number of children born to mother, including present birth 4 (19) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at Flomina on the date above stated. (Boys name of stillborn) (M. or P. M.)

(21) (Signature) [Signature] (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Flomina, S. C.

(Given name added from a supplemental report)

May 29 1916  
C. W. Taylor  
Super Registrar

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed Dec 10 1915 (26) C. C. Craft M.D. 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.

SEALING RECORDS AND THE MINIMUM. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. R. H.—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. Mc'w. of Columbia.