

Form No. 10.

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.

(1) PLACE OF BIRTH  
 County of Hampton  
 Township of Greeth  
 or  
 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

49426

Registration District No. 2420 Registered No. 22  
 (For use of Local Registrar)

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

(3) ~~Boy or~~ GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 10 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Taylor  
 (9) PRESENT POSTOFFICE OF FATHER Estill

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27  
 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Bell Floyd  
 (15) PRESENT POSTOFFICE OF MOTHER Estill

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25  
 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) H. A. M. (Hour A. M. or P. M.)

(23) (Signature) Lizzie Johnston

(24) State whether Physician or Midwife (25) Address of Physician or Midwife mid-wife Estill

Given name added from a supplemental report

6, 191....

Registrar

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

(27) Filed Jan. 10 1916. (28) Mrs. H. D. Vinard 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.

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