

16 093406

FILE No.—For State Registrar Only
00205Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

1. PLACE OF BIRTH

County of Clarendon

Township of _____

or
Inc. Town of Manningor
City of _____Registration District No. 13-a Registered No. _____
(For use of Local Registrar)(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 Francis Spratt Taylor { If child is not yet named, make supplemental report as directed.3. Boy or Girl boy If Plural birth _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Full term yes Married? yes 8. Date of birth Oct. 11th, 1946
(Month, day, year)9. Full name Island Thurman Taylor FATHER 18. Full maiden name Rosa Spratt MOTHER
10. Residence (usual place of abode) Hopewell, Va. 19. Residence (usual place of abode) Manning, S.C.
(If non-resident, give place and State)11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 29 (years)
13. Birthplace (city or place) Winston-Salem, N.C. 22. Birthplace (city or place) Gordons, S.C.
(State or country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Safety Inspr. 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. DuPont Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

Specify any physical deformities of child at birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____ (Date of) _____

Registrar.

(Signed) John P. Willis, M.D.

or _____, Midwife

Address Manning, S.C.Filed Feb 19, 1946 John P. Willis Registrar.John P. Willis
Martin B. Woodward, M.D.MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate)

not reg. 11/1/46