

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)

1. PLACE OF BIRTH

County of Clarendon

Township of _____

or
Inc. Town of Manning

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 13-a

FILE No.—For State Registrar Only

00205

Registered No. _____

(For use of Local Registrar)

Ward _____

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 _____ 8. Date of birth Oct. 11th, 1916 (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 28 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Winston-Salem, N.C. 22. Birthplace (city or place) Gordonsville, S.C. (State or country)

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 2 (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)

(Signed) John H. Wills, M.D. or _____, Midwife

Given name added from a supplemental report _____ Address Manning, S.C. (Date of) _____

Registrar.

Filed Feb. 18, 1916 R. C. Wills Registrar.

Martin B. Woodward, M.D.