

Form No. 1

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA.** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only
71120

(1) PLACE OF BIRTH
 County of Aiken
 Township of 29
 Inc. Town of Registration District No. 209 Registered No. 29
 or (For use of Local Registrar)
 or
 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 Martin Taylor { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Daniel Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Mary Perry Taylor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Salley, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Salley, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Teacher</u>	
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Steadman
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sally, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 17 1916. (28) Dr. Jones 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 FINDING. WAITER. ALL WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use 3 SEPARATE BLANKS for each child, and mark on FIRST-BORN, NO. 1, THE OTHERS, NO. 2, etc., in question 5.