

Form No. 1

(1) PLACE OF BIRTH

County of Lathoun  
Township of Sandy Run  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)

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

File No. For State Registrar Only  
58933

Registration District No. 804 Registered No. 19  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH April 7 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME Willie Taylor  
(9) PRESENT POSTOFFICE OF FATHER Gaston S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Lexington S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 6

**MOTHER**  
(14) NAME BEFORE MARRIAGE Hettie Ballentine  
(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Lexington S.C.  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth { 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) J. R. Langford  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Swansea S.C.

Given name added from a supplemental report  
....., 191.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 7 1916 (28) J. S. Bellinger 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.

MADE BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C. PRINTED BY THE STATE OF SOUTH CAROLINA, COLUMBIA, S. C.