

MARGIN RESERVED FOR INDEXING.
 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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>Sumter</u> Township of <u>Mayesville</u> or Inc. Town of		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		26397	
City of		Registration District No. <u>4102</u>		Registered No. <u>61</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <u>Anna May Taylor</u>		If child is not yet named, make supplemental report as directed			
(3) Sex <u>Female</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Age <u>yes</u>	(7) DATE <u>May 11</u>	<u>27</u>
To be answered only in case of Twin or Triplet		BIRTH (Month) (Day) (Year)			
FATHER			MOTHER		
(8) Full Name <u>Abner Taylor</u>	(14) NAME BEFORE MARRIAGE <u>Anna Taylor</u>				
(9) Present Postoffice of Father <u>Gable S.C.</u>	(15) Present Postoffice of Mother <u>Gable</u>				
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>36</u>		
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>				
(20) Number of children born to mother, including present birth <u>17</u>			(21) Number of children of this mother now living, including present birth <u>17</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Abner</u> at <u>4:11</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Carolyn Dean</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) (Signature) <u>Gable</u>		(26) Address of Physician or Midwife			
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary when question 22 is signed by mother) <u>Phyllis</u>			
19		(28) Local Registrar			

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.