

MARGIN RESERVED FOR BINDING.

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 OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Greenville  
Township of E. 2nd  
OR  
Inc. Town of .....  
OR  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**72969**

Registration District No. 2207 Registered No. 15  
(For use of Local Registrar)  
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. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Wm Eaneck Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Jane Burns</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Box 6 Greenville, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Box 6 Greenville, SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville Co SC</u>			(18) BIRTHPLACE <u>Greenville Co SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>at home</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 845A M., on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) Chas Henson  
(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Jewellers Rest SC

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 Sept. 1, 1916 (28) E. Attending  
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.