

Form No. 1

(1) PLACE OF BIRTH

County of Laurens, S.C.  
Township of Waterloo

Inc. Town of .....

City of .....

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

(2) Full Name of Child

Bernard James Taylor

File No. — For State Registrar Only

15724

Registered No. ....

(For use of Local Registrar)

BOY OR GIRL? Boy

(4) Twin or Triplet? +

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) 191-6

FATHER.

(8) FULL NAME

John Taylor

(9) PRESENT POSTOFFICE OF FATHER

Laurens

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

63

(Years)

(12) BIRTHPLACE

Laurens

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Maria Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Laurens R 6

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

Laurens

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Laurens on the date above stated. (born live or stillborn) (Hour A. M. or P. M.) 7:10 P.

(23) (Signature) Dr. J. B. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Laurens

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 191-6

(28) J. B. Taylor

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLANK for each CHILD, and mark the McCaw, of Columbia FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.