

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66440

Registration District No. 41.06 Registered No. 53

(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. Anna Taylor

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

16. Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

July 17, 1914

(28)

Local Registrar.

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

Fifth month of pregnancy.

Form No. 10.
 WHEN STAMPED WITH A REGISTERED SEAL, THIS IS A VALID RECEIPT FOR A CHILD, AND MUST BE
 IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.