

FORM NO. 10. 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 OTHER, No. 2, etc., in question 5.

of Columbia

(1) PLACE OF BIRTH County of <u>Williamson</u> Township of <u>Emery</u> or Inc. Town of _____ or City of _____ (No. _____)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No. — For State Registrar only 50733
(2) Full Name of Child <u>Elena Castle</u>		Registration District No. <u>4311</u> Registered No. <u>19</u> (For use of Local Registrar)		(3) BOY OR GIRL? <u>girl</u>
(4) Twin or Triplet? _____ <small>To be answered only in event of twins or triplets</small>		(5) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Feb. 19, 1906</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Gordon Morgan Taylor</u> (9) PRESENT POSTOFFICE OF FATHER <u>Thagotree 5</u>		(14) NAME BEFORE MARRIAGE <u>Minnie Howard</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Thagotree 5</u>
(10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>24</u> (Years)		(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(18) BIRTHPLACE <u>Williamson</u>
(12) BIRTHPLACE <u>Berkley A</u>		(19) OCCUPATION <u>Housewife</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>
(13) OCCUPATION <u>Farmer</u>		(20) Number of children born to mother, including present birth <u>Two</u>		(22) I hereby certify that I attended the birth of this child who was <u>alive</u> at <u>5 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) <u>Dorothy Howard</u>		(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____		(26) Witness <u>G. M. Taylor</u> (Signature of Witness necessary only when question 23 is signed by mother)
Given name added from a supplemental report _____, 191...		(27) Filed <u>Feb 29, 1916</u> (28) <u>W. C. Snowden</u> Local Registrar		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.

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