

MADE IN PENNSYLVANIA FOR EXHIBIT NO. 5.  
 WHEN PLACED IN THE STATE OF SOUTH CAROLINA, THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS, make a SEPARATE REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1, SECOND-BORN, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Greenville  
 Inc. Town of .....  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 2304 Registered No. 137  
 (For use of Local Registrar)  
 St. .... Ward ....

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

File No.—For State Registrar Only  
77389

(2) Full Name of Child Henry Taylor  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Sept. 28, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. B. Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Lulla Major</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ninety Six S.C. R.D. #7</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six S.C. R.D. #7</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M.,  
 on the date above stated. (Hour A. M. or P. M.)  
 (23) (Signature) J. B. Taylor  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report  
 ..... 191....  
 .....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept. 14, 1916 (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.  
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