

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.

City of Columbia.

(1) PLACE OF BIRTH  
 County of Laurens  
 Township of Hamlet  
 or  
 Inc. Town of ..... Registration District No. 1602 Registered No. 68  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**72409**

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 7, 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jas. B. Taylor

(9) PRESENT POSTOFFICE OF FATHER Wheeler S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Wheeler S.C.

(13) OCCUPATION Planter

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Jimie B. Wallace

(15) PRESENT POSTOFFICE OF MOTHER Wheeler S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Wheeler S.C.

(19) OCCUPATION House work

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wheeler S.C.

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 Aug. 26, 1916 (28) H. C. Anderson 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.