

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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only		
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA.		83652		
Township of <u>Pratt</u>		Bureau of Vital Statistics				
		State Board of Health				
Inc. Town of	Registration District No. <u>4104</u>	Registered No. <u>116</u>		(For use of Local Registrar)		
City of	(No.)	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 <u>Fizzie Ordine Taylor</u>			If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Oct 24 1916</u>		
To be answered only in case of Twins or Triplets						
FATHER.			MOTHER.			
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>Mary Jane Taylor</u>			
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C. R#2</u>			
(10) COLOR OR RACE			(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>		
(11) AGE AT LAST BIRTHDAY (Years)			(18) BIRTHPLACE <u>Columbia S.C.</u>			
(12) BIRTHPLACE			(19) OCCUPATION <u>Scamstress</u>			
(13) OCCUPATION						
(20) Number of children born to mother, including present birth { <u>2</u>			(21) Number of children of this mother now living, including present birth { <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*						
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Sumter S.C.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)						
(23) (Signature) <u>Elizabeth Jones</u>						
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Sumter S.C. R#2</u>						
Given name added from a supplemental report			(26) Witness <u>A. B. Kosh</u>			
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)			
..... Registrar			(27) Filed <u>Oct 25 1916</u> (28) <u>Albus B. Kosh</u> 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.