

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Spartanburg
 or
 City of Spartanburg
 (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
50402

(2) Full Name of Child

Benjamin 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 21 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John D. Taylor
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Union Co. S.C.
 (13) OCCUPATION Salisman
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Corrie E. Johns
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Union Co. S.C.
 (19) OCCUPATION at home
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. P. Hicks
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

June 29 1916
W. A. State Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed March 1 1916 (28) W. A. State 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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McCaw of Columbia.

McCaw.