

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 8.

McGraw, of Columbia.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Greenville</u></p> <p>Township of <u>Chickadee</u></p> <p>Inc. Town of _____</p> <p>City of _____</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No. <u>56050</u></p>
<p>Registration District No. <u>2204</u></p>		<p>Registered No. <u>81</u></p>		<p>(For use at Local Registry)</p>
<p>(2) Full Name of Child <u>Jamies Adela Anderson</u></p> <p>If child is not yet named, make supplemental report as directed</p>				
<p>(3) BOY OR GIRL? <u>Boy</u></p>	<p>(4) Twin or Triplet? _____</p> <p>Indicate only in reality before birth.</p>	<p>(5) Number in order of birth _____</p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>Nov. 13, 1916</u></p> <p>Place of Month (Day) (Year)</p>
<p>FATHER.</p>			<p>MOTHER.</p>	
<p>(8) FULL NAME <u>Jamies Adela Anderson</u></p>			<p>(9) NAME BEFORE MARRIAGE <u>Cassie Florence Taylor</u></p>	
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Taylor</u></p>			<p>(10) PRESENT POSTOFFICE OF MOTHER <u>Taylor</u></p>	
<p>(11) COLOR OR RACE <u>Negro</u></p>			<p>(12) COLOR OR RACE <u>Negro</u></p>	
<p>(13) BIRTHPLACE <u>S.C.</u></p>			<p>(14) AGE AT LAST BIRTHDAY <u>25</u> (Years)</p>	
<p>(15) BIRTHPLACE <u>Country Chickadee Township</u></p>			<p>(16) AGE AT LAST BIRTHDAY <u>25</u> (Years)</p>	
<p>(17) OCCUPATION <u>Farming</u></p>			<p>(18) BIRTHPLACE <u>Country Butler Township</u></p>	
<p>(19) OCCUPATION <u>Farming</u></p>			<p>(20) BIRTHPLACE <u>Country Butler Township</u></p>	
<p>(21) Number of children born to mother, including present birth <u>2</u></p>			<p>(22) Number of children of this mother now living, including present birth <u>2</u></p>	
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>				
<p>(23) I hereby certify that I attended the birth of this child, who was <u>Alive</u> <u>3</u> <u>P. M.</u> on the date above stated. (Born-Alive or Stillborn) (Hour A. M. or P. M.)</p>				
<p>(24) (Signature) <u>Chas. E. Taylor</u></p>				
<p>(25) State whether Physician or Midwife <u>midwife</u></p>				
<p>(26) Address of Physician or Midwife <u>Taylor</u></p>				
<p>Given name added from a supplemental report _____</p>				
<p>(27) Witness <u>C. J. Taylor</u></p>				
<p>(28) Signature of Witness necessary only when question 25 is signed by witness <u>C. J. Taylor</u></p>				
<p>(29) Filed <u>Nov. 13, 1916</u> (30) <u>F. S. James</u> Local Registrar</p>				

*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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