

NOTE: PLACES WHERE CHILDREN ARE BORN IN A HOSPITAL RECORD.
 1. 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.

(1) PLACE OF BIRTH

County of ... *Calhoun* ...

Township of ... *Amelia* ...

or
Inc. Town of ...

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

58884

Registration District No. *800* ... Registered No. *54*
 (For use of Local Registrar)

(2) Full Name of Child *Jimmy Taylor*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Apr 15 1916*
 (Name Month Day Year)

FATHER.

(8) FULL NAME *Roger Taylor*

(9) PRESENT POSTOFFICE OF FATHER *H Matte*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *Far laborer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Clotell Chensong*

(15) PRESENT POSTOFFICE OF MOTHER *H Matte*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *—*

(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 *alive* at *11 a* M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Ellie Reese (midwife)*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness *H Miller*
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed *May 15 1916* (28) *A Rable*
 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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