

Form No. 16. 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. McCay, of Columbia.

(1) PLACE OF BIRTH  
 County of Hampton  
 Township of Bayboro  
 OR  
 Inc. Town of ..... Registration District No. 2500 Registered No. 209  
 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  
90317

(2) Full Name of Child Samuel Jackson Tyler { 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 10, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME S. J. Tyler  
 (9) PRESENT POSTOFFICE OF FATHER Allbrook  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 57 (Years)  
 (12) BIRTHPLACE D.C.  
 (13) OCCUPATION merchandising  
 (20) Number of children born to mother, including present birth { 4 }

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Emma Cannon  
 (15) PRESENT POSTOFFICE OF MOTHER Allbrook  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE D.C.  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth { 3 }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 ..... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Boat  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allbrook

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 Oct. 10, 1916 (28) J. M. G. Cannon 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.

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.