

(1) PLACE OF BIRTH

County of Florence

Township of Cherwell

or  
Inc. Town of .....

City of .....

(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

52154

Registration District No. 2003

Registered No. 96

(For use of Local Registrar)

(2) Full Name of Child .....

{ 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?

(7) DATE OF BIRTH Mar 22 1916  
(Name of Month) (Day) (Year)

to be answered only in event of Twins or Triplets

#### FATHER.

(8) FULL NAME

John Gaylor, Jr

(9) PRESENT POSTOFFICE OF FATHER

Cherwell

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm laborer

(14) Number of children born to mother, including present birth

4

#### MOTHER.

(14) NAME BEFORE MARRIAGE

Almena Scott

(15) PRESENT POSTOFFICE OF MOTHER

Cherwell

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm laborer

(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 12 .....

on the date above stated. (Born alive or stillborn) (Hour .. M. or P. M.)

(23) (Signature) Dr. Miller S. Sellers

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

Midwife Cherwell

Given name added from a supplemental report

(26) Witness

P. D. Reaves  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 23 1916

(28) P. D. Reaves  
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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MADE IN RESERVE FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

FORM NO. 20.

of Columbia