

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.
MEGAW OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Saluda Co
Township of No 6
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20058

Registration District No. 3905 Registered No. 47
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child L. M. Turner

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 May 28 19 32
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gerald Turner
(9) PRESENT POSTOFFICE OF FATHER Chappelle, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Loom millling
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Attaway
(15) PRESENT POSTOFFICE OF MOTHER Chappelle, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Saluda Co.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Liza Griffin
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chappelle, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 10 19 32 (28) S. W. Horn 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.