

Form No 1.

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of .....

or

City of Greenville

(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

49161

Registration District No. 22.A Registered No. 47

(For use of Local Registrar)

St. 2 Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>(to be answered only in event of twins or triplets)</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb.</u> <u>14</u> <u>1911</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Miles Turner(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { One }

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie Ethel Love(15) PRESENT POSTOFFICE OF MOTHER Greenville S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Greenville S. C.(19) OCCUPATION Housework(22) 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 born alive at 12:15 P. M. on the date above stated.  
(Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Ansie Turner

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

Midwife

Chick Spring Road

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb. 15, 1911 (28) C. Smith  
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.

MARGIN RESERVED FOR INDEXING. WHEN PLAINLY, WITH UNPAID 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.  
 McCaw of Columbia