

Form No. 10. PREVIOUS EDITIONS ARE OBSOLETE. THIS IS A PERMANENT RECORD. WHEN CLAIMED, WITH UNFADING INK, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Florence
Township of Sike City

or
Inc. Town of

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

(2) Full Name of Child Myrtle Benjamin Turner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 16 1916

(8) FULL NAME Myrtle Turner (14) NAME BEFORE MARRIAGE Hannah Kennedy

(9) PRESENT POSTOFFICE OF FATHER Sike City, S.C. (15) PRESENT POSTOFFICE OF MOTHER Sike City, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25

(12) BIRTHPLACE Hannah, S.C. (18) BIRTHPLACE Sike City, S.C.

(13) OCCUPATION Grass Mower (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (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 10:40 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Myrtle Turner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sike City, S.C.

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 Jan 2 1916 (28) C. D. Pulliam Local Registrar

*When there was no attending physician or midwife, when 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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

File No.—For State Registrar Only

19023

Registration District No. 2013 Registered No. 4

(For use of Local Registrar)

Sl.; Ward