

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Charleston

(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

17831

Registration District No. 9A ... Registered No. 800...

(For use of Local Registrar)

(No. 634 Washington St.; 7 Ward)

(2) Full Name of Child

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

3) BOY OR GIRL?

Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

8) Are Parents Married?

No

7) DATE OF

BIRTH June 7 1932
(Name of Month) (Day) (Year)

FATHER.

6) FULL NAME

Madison Turner

9) PRESENT POSTOFFICE OF FATHER

Leavins S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

20
(Years)

12) BIRTHPLACE

Leavins S.C.

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

1 First

MOTHER.

14) NAME BEFORE MARRIAGE

Suey Tucker

15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

20
(Years)

18) BIRTHPLACE

Woodruff, S.C.

19) OCCUPATION

None

21) Number of children of this mother now living, including present birth

1 First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:12 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Charleston, 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

6/27 22 [Signature] Green M.E.
Local Registrar.19
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.