

Form No. 1

## (1) PLACE OF BIRTH

County of SaludaTownship of # 2

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

37501

Registration District No. 3901Registered No. ....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edna Turner

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

(3) SEX OF CHILD (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH

(Name of Month, Day, Year)

FATHER. (8) FULL NAME (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (12) BIRTHPLACE (13) OCCUPATION (14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

MOTHER. (15) NAME BEFORE MARRIAGE (16) PRESENT POSTOFFICE OF MOTHER (17) COLOR OR RACE (18) AGE AT LAST BIRTHDAY (19) BIRTHPLACE (20) OCCUPATION (21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH

Saluda Co

Turner

Batesburg S C

White 22

Saluda Co

Farming

2

Saluda Co

Housewife

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (23) (Signature) H. F. Gibson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Address of Physician or Midwife

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

Batesburg

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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 1.

Bureau of Statistics, Columbia, S. C.

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.