

MARGIN RESERVED FOR BINDING.

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.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
Township of Christ Church
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

41350

Registration District No. 901 Registered No. 157
(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 Chat Manned (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mike Turno</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Campbell</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Laborer</u>	(19) BIRTHPLACE <u>S.C.</u>	(20) OCCUPATION <u>House Wife</u>
(21) Number of children born to mother, including present birth <u>Two</u>	(22) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Miss Rebecca
(25) State, whether Physician or Midwife Midwife
(26) Address of Physician or Midwife Mt Pleasant

Given name added from a supplemental report

(27) Witness Dec 2 1922
(28) Signature of Witness necessary only when question 23 is signed by mark
(29) Local Registrar J. H. H. H.

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MCRAW OF COLUMBIA, COLUMBIA, S. C.