

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 5.

(1) PLACE OF BIRTH
 County of Colleton
 Township of Walterboro
 or
 Inc. Town of Walterboro
 or
 City of Walterboro (If birth occurs in a hospital) No. _____ (If other institution gives name of same instead of street and number.)
 (If birth occurs in a hospital) State of South Carolina (If other institution gives 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
913

Registration District No. 1409 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Grace 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 2 1922
 To be answered only in case of Twin or Triplet: (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FATHER
 (8) FULL NAME William Green
 (9) PRESENT POSTOFFICE OF FATHER Walterboro SC
 (10) COLOR OR RACE Colord. (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Walterboro SC
 (13) OCCUPATION Saw mill hand
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Lanna Turner
 (15) PRESENT POSTOFFICE OF MOTHER Walterboro SC
 (16) COLOR OR RACE Colord. (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Walterboro
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 60 (Hours after or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) J. A. Kennedy
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walterboro

Given name and address from a supplemental report

(26) Witness (Signature of Witness necessary only when question is signed by mother)
 (27) Filed Jan 10 1922 (28) D. H. W. M. S.

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.