

MCDRAW OF COLUMBIA. COLUMBIA, S. C.

County of Franklin  
Township of Greene  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. 2210 Registered No. 3  
(For use of Local Registrar)

**File No.—For State Registrar Only**  
**42753**

Registration District No. 2210 Registered No. 3  
(For use of Local Registrar)

City of ..... (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 James S. James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth	(6) Are Parents Married? <u>YES</u>	(7) DATE OF BIRTH <u>Dec 4, 1932</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME	James B. Turner	(14) NAME BEFORE MARRIAGE	Estel Wade
(9) PRESENT POSTOFFICE OF FATHER	Piedmont - S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Piedmont - S.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	26 (Years)	(17) AGE AT LAST BIRTHDAY	23 (Years)
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Turner	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	1	(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 11 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature	<i>D. L. Langville</i>	
(24) State	Whether Physician or Midwife <i>Physician</i>	Address of Physician or Midwife <i>Pudman, S.C.</i>

Given name added from a supplemental report

(25) Witness ..... (Signature of Witness necessary only  
when question 23 is signed by mark)  
(27) Filed *Dec 6 1944* (29) *J. T. Statum*  
Local Registrar.

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.