

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.

RECEIVED OF COLUMBIA, S. C.

AMENDED
PAGE 1 OF 2

(1) PLACE OF BIRTH

County of Chesterfield

Township of

or Inc. Town of

or City of

(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

773

Registration District No.

Registered No.

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Turnman Date

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

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 7 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Turnman Date

(9) PRESENT POSTOFFICE OF FATHER McBee St

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Chesterfield

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Marier Blackmon

(15) PRESENT POSTOFFICE OF MOTHER McBee St

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Chesterfield

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Annice Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

Jan 17, 1922

(28)

Local 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.

0267 SEE NEXT FRAME