

FORM NO. 2

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71084

(1) PLACE OF BIRTH

County of AikenTownship of Hammondor
Inc. Town ofor
City ofRegistration District No. 2-5 BRegistered No. 33
(For use of Local Registrar)

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 Allen Turner

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug. 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don G. Turner(9) PRESENT POSTOFFICE OF FATHER Warrenville S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE Gloverville S.C.(13) OCCUPATION Farmer.(20) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Covie Bawdy(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE Vaughan S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Jno. J. Green m. W.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Bath S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 1, 1916(28) Jno. J. Green m. W.
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.

MARGIN RESERVED FOR INDEXING.
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.

McCaw, of Columbia.