

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile 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)

(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? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Don G. Turner</u>	(14) NAME BEFORE MARRIAGE <u>Covie Bawdy</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Warrenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Warrenville S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Gloverville S.C.</u>	(18) BIRTHPLACE <u>Vaules S.C.</u>			
(13) OCCUPATION <u>Farmer.</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

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.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Bates 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.D.
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 BINDING.
PLEASE PRINT INK. THIS IS A PERMANENT RECORD.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the
McCaw, of Columbia.