

MAKING RESERVED FOR BINDING.  
WRITE PLAINLY, WITH SPACING IN—THIS IS A PERMANENT RECORD  
IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Lawrence

Township of .....

or

Inc. of .....

or

City of Clinton

If birth occurred in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

William Lewis Turner

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4395

Registration District No. 29 B

Registered No. ....  
(For use of Local Registrar)

St. .... Ward

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

(3) SEX OF CHILD Boy (4) TIME OF BIRTH 10:15 (5) DAY OF BIRTH 2/17/23  
To be answered only in case of Twins or Triplets

FATHER.

(6) NAME OF FATHER W. Calvin Turner

(7) PRESENT POSTOFFICE OF FATHER Clinton, S.C.

(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 44 (Year)

(10) BIRTHPLACE S.C.

(11) OCCUPATION State Employee

(12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME OF MOTHER Julia Dismore

(14) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 38 (Year)

(17) BIRTHPLACE Clinton, S.C.

(18) OCCUPATION Housework

(19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 29 hours, on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(21) (Signature) Viola B. Linsley Nurse

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

(24) Give name added from a supplemental report

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

(26) Filed ..... (27) 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.

If a child promises even once before the fifth month of pregnancy.