

THIS IS A PERMANENT RECORD.
 SETTING OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McGraw-Hill, Columbia, S. C.

Not

(1) PLACE OF BIRTH
 County of Beaufort
 Township of
 or
 Inc. Town of
 or
 City of Liberty

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
31850

Registration District No. 5765 Registered No. 128
 (For use of Local Registrar)
 (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 Paul May Turner (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 12 27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME J. C. Turner
 (9) PRESENT POSTOFFICE OF FATHER Liberty SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)
 (12) BIRTHPLACE Anderson Co SC
 (13) OCCUPATION Cot mill op.
 (20) Number of children born to mother, including present birth 15-16

MOTHER
 (14) NAME BEFORE MARRIAGE Lillie Chambers
 (15) PRESENT POSTOFFICE OF MOTHER Liberty SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)
 (18) BIRTHPLACE Anderson Co SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 15-16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn, hour, P. M. or P. M.)
 (23) (Signature) Wm. H. ...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty SC

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Oct 10 1927 (28) John T. B. Jr. 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.

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