

(1) PLACE OF BIRTH

County of Columbia

Township of

or

Inc. Town of Home Acheson

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

3057

Registration District No. 307 Registered No. 22

(For use of Local Registrar)

St.; Ward)

2) Full Name of Child. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 25, 1922</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ralph Turner(9) PRESENT POSTOFFICE OF FATHER Acheson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE GA.(13) OCCUPATION misc work(22) Number of children born to mother, including present birth 1. Mrs.

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Martin(15) PRESENT POSTOFFICE OF MOTHER Home Acheson(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE GA.(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 at at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. R. B. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Home Acheson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 27, 1922 (28) E. R. B. Williams 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.

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