

(1) PLACE OF BIRTH

County of Asheville
Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5569

Only

Inc. Town of Registration District No. 1A Registered No. 16
(For use of Local Registrar)

City of Asheville (No. 74 Branch St. 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 Willie Turman Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Bo (4) Twin or Triplet? (5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 3 1923
(Name of Month) (Day) (Year)

FATHER

MOTHER

9) FULL NAME William Turman

(14) NAME BEFORE MARRIAGE Sara Weisman

10) PRESENT RESIDENCE Asheville, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Asheville, S.C.

11) COLOR Blk (16) AGE AT LAST BIRTHDAY 45
(Years)

(17) AGE AT LAST BIRTHDAY 23
(Years)

12) BIRTHPLACE Asheville, S.C.

(18) BIRTHPLACE S.C.

13) OCCUPATION Carpenter

(19) OCCUPATION Housewife

14) Number of children born to father, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 4:22 M. on the date above stated. (Hour (A. M. or P. M.))

(23) (Signature) Victoria W. Adair

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Asheville, S.C.

When name added from a supplemental report
..... 101.....
.....
..... Registrar

(26) Witness Victoria W. Adair
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar. 4 1923 (28) W. A. Adair 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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WRITE PLAINLY WITH CAPITAL LETTERS IN ALL PLACES FOR EACH CHILD, AND MARK THE FILE NUMBER IN THE UPPER RIGHT CORNER OF EACH PAGE.