

(1) PLACE OF BIRTH

County of Abbeville

Township of

Inc. Town of

City of Abbeville

(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

5569

Only

Registration District No. 1A Registered No. 16

(For use of Local Registrar)

(No. 74 Branch St. St.; Ward)

ard)

2) Full Name of Child Willie Turman Jr. If child is not yet named, make supplemental report as directedake
ted(1) BOY OR GIRL? Boy (2) Twin or Triplet? No (3) Number in order of birth 1
To be answered only in event of Twins or Triplets(4) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 3, 1923
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME William Turman(10) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.(11) COLOR Blk (12) AGE AT LAST BIRTHDAY 43
(Years)(13) BIRTHPLACE Abbeville, S.C.(14) OCCUPATION Carpenter(15) Number of children born to father, including present birth 3(14) NAME BEFORE MARRIAGE Sara Weisman(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour (A. M. or P. M.)) 4:22 P.M.(22) (Signature) Victoria W. Anderson(23) State whether Physician or Midwife (24) Address of Physician or Midwife Abbeville, S.C.

When name added from a supplemental report

(25) Witness Victoria W. Anderson
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Mar. 4, 1923 (27) Wm. J. Anderson 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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WHILE PLACED WITH US FOR RECORD, THIS IS A VITAL RECORD.

N. B.—In case of TWINS OR TRIPLETS, ANSWER EACH CHILD, AND MARK THE CHILD'S SEX, NAME, DATE OF BIRTH, ETC., IN QUESTION 3.