

1) PLACE OF BIRTH

County of Colleton
 Municipality of Blake
 Town of

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

780

Registration District No. 1402 Registered No.
 (For use of Local Registrar)

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

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

SEX Boy AGE AT BIRTH 27 MONTHS 4 DAYS 0

FATHER John Turner MOTHER Betsy Turner

COLORED White RACE White

AGE AT LAST BIRTH 22 MONTHS 0 DAYS 0

RESIDENCE Col. Co. S.C.

OCCUPATION Common Laborer

Number of children born to mother, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a.m. on the date above stated. (Born alive or stillborn) (Born A.M. or P.M.)

(23) (Signature) Nancy Hagwood
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wid. J. Whitehall

Given name added from a supplemental report

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

(27) Date Jan 29 1921 (28) Registrar R. E. Hagwood

*When there was no attending physician or midwife, then the father, householder, etc., if a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.