

(1) PLACE OF BIRTH

County *Adair*
Township *Hammond*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20855

Inc. Town of
or
City of *Clear Bath Sc*Registration District No. *717A* Registered No. *115*

(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 *Martha Turner*

If child is not yet named, make supplemental report as directed

BOY *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *April 26, 23*
(Name of Month) (Day) (Year)

FATHER.

FULL NAME *Emanuel Turner*PRESENT POSTOFFICE OF FATHER *R 7 D 4*COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30* (Years)BIRTHPLACE *Edgewise Sc*OCCUPATION *Harmer*Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rosa Johnson*(15) PRESENT POSTOFFICE OF MOTHER *R 7 D 4*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *Edgewise Sc*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Adair* at *8:10 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. W. Spradley M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Bath Sc*

Even name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 10 1913*(28) *J. W. Spradley* 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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