

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McGraw, of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Braudon

or
Inc. Town of Braudon

or
City of Greenville

(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

1916

Registration District No. 7209

Registered No. 1315

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Margaret Frances Turner

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 13

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert L. Turner

(9) PRESENT POSTOFFICE OF FATHER Braudon Mill Greenville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21

(12) BIRTHPLACE SC

(13) OCCUPATION mill operator

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Thomas

(15) PRESENT POSTOFFICE OF MOTHER same

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19

(18) BIRTHPLACE SC

(19) OCCUPATION —

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) H. W. Ware

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

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

1916

(28)

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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