

PLACE OF BIRTH

(1) PLACE OF BIRTH

County of Horner
 Township of Cam
 or
 Inc. Town of Affingham
 or
 City of Affingham (No. 196)

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

25956

Registration District No. 200 Registered No. 67
 (For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Mar 30 1912
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME C. L. Turner
 9) PRESENT POSTOFFICE OF FATHER Affingham
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 38 (Years)
 12) BIRTHPLACE Affingham
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Emma Parrot
 15) PRESENT POSTOFFICE OF MOTHER Affingham
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 44 (Years)
 18) BIRTHPLACE Wadesboro Co
 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 15 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 19 (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.