

WRITED PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McCaw, of Columbia, S. C.

(1) PLACE OF BIRTH
County of Fairfield
Township of
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 1410 Registered No. 19
(For use of Local Registrar)

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

File No.—For State Registrar Only
64244

(2) Full Name of Child Jessie Lee Turcott { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Warren Turcott</u>	(14) NAME BEFORE MARRIAGE <u>Jessie Ellen Harrison</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Boonman S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Boonman S C</u>
(16) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>S C</u>	(12) BIRTHPLACE <u>S C</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>Seven</u>	(21) Number of children of this mother now living, including present birth <u>Six</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Reynolds M. D.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rockton S C

Given name added from a supplemental report

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

(27) Filed June 1916 (28) D. L. L. 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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