

(1) PERSON OF BIRTH

County of Marehoro
 Township of Red Hill
 or Beckettville
 Inc. Town of
 or
 City of

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

File No. - For State Registrar Only

43701

Registration District No. 3301Registered No. 184
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 27, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Turner(9) PRESENT POSTOFFICE OF FATHER Beckettville S.C.(10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Moravia Co.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Deedie Jacob(15) PRESENT POSTOFFICE OF MOTHER Beckettville S.C.(16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Marehoro Co.(19) OCCUPATION Teacher(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 alive at 1:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel J. Turner
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 112 Liberty St

Given name added from a supplemental report

 19

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

(27) Filed Dec 20, 22 (28) Mr. J. W. Pato 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.

Registrar (29) Filed Dec 20, 22 (30) Local Registrar.

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REGISTRY OF BIRTHS, DEATHS, AND MARRIAGES, COLUMBIA, S. C.
 FIRST-HORN, No. 1. THE OTHER, No. 2, etc., in question 6.