

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN 1-2-3 USE OF TUBES OR TEMPLATES AND A SEPARATE BLANK PAGE FOR EACH CHILD, AND MARK THE
 FIRST-NAME, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Charterfield
 Township of Lowndes
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. 1-2-3-4-5-6-7-8-9-0
3428

Registration District No. P. R. 3 Registered No. 19
 (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 Leggett Turner (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH Feb 3 1928
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Floyd Turner
 (9) PRESENT POST OFFICE OF FATHER Charterfield
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Charterfield
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Earley Hills
 (15) PRESENT POST OFFICE OF MOTHER Charterfield
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Marlboro County
 (19) OCCUPATION Farmer - Hand
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary McNeal
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charterfield

Given name added from a subsequent report
 (Signature of Witness necessary only when question 22 is signed by mark)
M. S. Watson
 (Local Registrar)