

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15915

County of MarionTownship of Marionvilleor Inc. Town of Marionvilleor City of MarionvilleRegistration District No. 33 ARegistered No. 37

(For use of Local Registrar)

(No. 37 St. 37 Ward)

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

(2) Full Name of Child Robert Turner

(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 May 17 1927
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Robert Turner(14) NAME BEFORE MARRIAGE Victor C. Wether(9) PRESENT POSTOFFICE OF FATHER Marionville(15) PRESENT POSTOFFICE OF MOTHER Marionville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Marionville(18) BIRTHPLACE Marionville(13) OCCUPATION Farmer(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1(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 Robert Turner on the date, above, stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marionville

Given name added from a supplementary report

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

(27) Marionville (28) Marionville

Registrar

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.