

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 5.

(1) PLACE OF BIRTH

County of Charleston

Township of Douglas

or  
Inc. Town of Turbeville

or  
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45863

Registration District No. 1303 Registered No. 53

(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Daniel E. Turbeville (14) NAME BEFORE MARRIAGE Ethel Durden  
(9) PRESENT POSTOFFICE OF FATHER Turbeville, S.C. (15) PRESENT POSTOFFICE OF MOTHER Turbeville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(12) BIRTHPLACE Turbeville, S.C. (18) BIRTHPLACE Summit, Geo.  
(13) OCCUPATION Merchant & Banker (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth { Two (21) Number of children of this mother now living, including present birth { Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Pittman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Turbeville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 31 1916 (28) W. J. Turbeville 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.

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.