

(1) PLACE OF BIRTH

County of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
91913

Registration District No. 4008

Registered No. 772

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 23

1916

(8) FULL NAME

Shad Turner

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, R.D.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Clover, S.C.

(13) OCCUPATION

Carpenter

(14) NAME BEFORE MARRIAGE

Gussie Turner

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg, R.D.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

Regwood, S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive

at

(Born alive or stillborn)

(Hour A. M. or P. M.)

5:30 P.

(23) (Signature)

H. P. Coan, M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Spartanburg, S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Dec 28 1916

(28)

E. J. Parker

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.