

(1) PLACE OF BIRTH

County of Spartanburg
Township of "
or
Inc. Town of "
or
City of "

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..... St.; Ward)

(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 Dec. 23 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Shad Turner
(9) PRESENT POSTOFFICE OF FATHER Spartanburg, R.D.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Clones, S.C.
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Gessie Turner
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R.D.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Regwood C., S.C.
(19) OCCUPATION Housewife
(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 alive at 5:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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. Carter 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.

RECORDS OF COMBIC COMPANY, No. 1, THIS OTHER, No. 2, etc., in question 5.