

FORM NO. 1

## (1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of Florence (No. 114 St. 2 Ward)

(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

4899

Registration District No. 20-ARegistered No. 47

(For use of Local Registrar)

(2) Full Name of Child Mattie E. Turner

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No

To be answered only in case of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 23, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Turner(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE W.C.(11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Oil Worker(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Turner(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE W.C.(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Florence(19) OCCUPATION Domestic(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 born alive at 6:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. E. Turner(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 26 1916

(28)

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.

fifth month or pregnancy.

NEARLY PRESERVED FOR BINDING OF  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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.

McCaw, of Columbia