

## (1) PLACE OF BIRTH

County of BladenTownship of Mattoor  
Inc. Town ofor  
City of

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

(2) Full Name of Child

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
52213Registration District No. 201.2 Registered No. 26  
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb. 17, 1916  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Lee</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. Turner</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Alanta S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Alanta S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Matto</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>
(10) COLOR OR RACE <u>white</u>	(18) BIRTHPLACE <u>Effingham</u>	(19) OCCUPATION <u>House wife</u>	(19) OCCUPATION <u>House wife</u>
(11) AGE AT LAST BIRTHDAY <u>35</u>	(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>
(12) BIRTHPLACE <u>Matto</u>			
(13) OCCUPATION <u>Turner</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Feb. 17, 1916 at 8:10 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) M. A. Floyd  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Alanta S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 3/29/16 (28) J. H. Hays 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.

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MADE BY THE REGISTRAR OF COLUMBIA, S.C. IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, SECOND-BORN, ETC., IN THE SPACE PROVIDED FOR THE NAME OF THE CHILD.