

## (1) PLACE OF BIRTH

County of **Abbeville, S.C.**  
 Township of **Abbeville**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**6170**

Inc. Town of ..... Registration District No. **1a** Registered No. **29**  
 or **Abbeville** (For use of Local Registrar)  
 City of **Abbeville** (No. **112 So. Main** St.; **3rd** Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child **Ellison Lee Gambrell Turner** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Mon. 15 22**  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **Arthur Henry Turner**

(9) PRESENT POSTOFFICE OF FATHER **Abbeville, S. C.**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **23**  
 (Years)

(12) BIRTHPLACE **Newport Tenn.**

(13) OCCUPATION **Mill Work**

(20) Number of children born to mother, including present birth { **2**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Katie May Willis**

(15) PRESENT POSTOFFICE OF MOTHER **Abbeville, S. C.**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **20**  
 (Years)

(18) BIRTHPLACE **Abbeville Co.**

(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 **9 A.M.**  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) **C. C. Gambrell, M. D.**

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

**Abbeville, 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 18 1922** (28) **Miss Julia McAllister** 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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NOTE.—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.

McNair of Columbia.