

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. A. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in Question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		4298	
Township of <u>Bushy Spring</u>		Bureau of Vital Statistics		Registered No. <u>388</u>	
Inc. Town of		State Board of Health		(For use of Local Registrar)	
City of		Registration District No. <u>4008</u>		St. <u>88</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registered No.		Ward	
(2) Full Name of Child <u>Bessie Abria Turner</u>		If child is not yet named, make supplemental report as directed			
(3) BOY GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Married?	(7) DATE OF BIRTH	(8) <u>10</u> <u>4</u> <u>23</u>
		(born <u>1914</u>)		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(9) FULL NAME <u>Martin Turner</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Turner</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>City R. #3</u>		
(11) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(12) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(13) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House w'k</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:07</u> M. on the date above stated. (Born <u>alive</u> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. B. Lane</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Spartanburg</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191			(27) Filed <u>1-1-1914</u> (28) <u>Mrs. E. J. Parlier</u> 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.