

(1) PLACE OF BIRTH

County of Marion

Township of Marion

or Inc. Town of .....

or City of .....

(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  
**90888**

Registration District No. 37013 Registered No. 66  
(For use of Local Registrar)

(2) Full Name of Child Dora Turner { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? yes (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 18 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME P. J. Turner

(9) PRESENT POSTOFFICE OF FATHER Marion S.R.F.D.3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Marion county

(13) OCCUPATION Farmer

(16) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE M. J. Cooper

(15) PRESENT POSTOFFICE OF MOTHER Marion S.R.F.D.3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Marion county

(19) OCCUPATION House Wife

(20) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 PM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Goddard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion S.R.F.D.3

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness J. L. Sparrow  
Signature of witness necessary only when question 23 is signed by male

(27) Filed 12/18 1916 (28) C. Pace 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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MISSISSIPPI OF COLUMBIA