

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

(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

5493

Registration District No. 38Registered No. 1118

(For use of Local Registrar)

(2) Full Name of Child Turbeville

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

(If the answer is yes to any of these questions, give name of same instead of street and number.)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 23 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. Clements Turbeville

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Policeman

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

12

(14) NAME BEFORE MARRIAGE

Sarah Eugene Keels

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Bruce Anderson

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

1416 Hampton

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed 2-25 1925J. C. Anderson

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.

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.