

(1) PLACE OF BIRTH

County of Lancaster
 Township of Pleasant Hill
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
19219

Registration District No. 2-6 Registered No. 89
 (For use of Local Registrar)

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

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

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH MAY 15 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Lucious Turner
 9. PRESENT POSTOFFICE OF FATHER Heath Springs S.C. R-3
 10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 43
 (Years)
 12. BIRTHPLACE Lancaster Co
 13. OCCUPATION farmer
 20. Number of children born to mother, including present birth 6

MOTHER.

14. NAME BEFORE MARRIAGE Minnie Cruminger
 15. PRESENT POSTOFFICE OF MOTHER Heath Springs S.C. R-3
 16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 33
 (Years)
 18. BIRTHPLACE Lancaster Co
 19. OCCUPATION house duties
 21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aminda Duncanson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Heath Springs 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 June 10 1922 (28) E. F. Hammond
 Registrar 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.

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.