

First-born, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Abbeville STATE OF SOUTH CAROLINA.  
Township of Senithville Bureau of Vital Statistics  
or  
Inc. Town of ..... State Board of Health  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. -For State Registrar Only  
**24440**

Registration District No. 110 Registered No. 12  
(For use of Local Registrar)  
Full Name of Child Alfred Turner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>July 23</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Marzelus Turner</u>			(14) NAME BEFORE MARRIAGE <u>Effie Jay</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u>	
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Abbeville S.C.</u>			(18) BIRTHPLACE <u>Abbeville Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farm hand</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7.20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Effie Jay  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Abbeville S.C.

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

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 29 1922 (28) R. B. Jones 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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