

(1) PLACE OF BIRTH

County of Greenville
Township of Highland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

16404

Inc. Town of Registration District No. 2211 Registered No.
(For use of Local Registrar)
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Eomest Dewey 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3rd 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Kinsey Turner

(9) PRESENT POSTOFFICE OF FATHER Greer S.C. R#2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Pack Co. U.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Foster

(15) PRESENT POSTOFFICE OF MOTHER Greer S.C. R#2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Pack Co. U.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11. P. M. on the date above stated. U. S. Sanford (Hour A. M. or P. M.)

(23) (Signature) U. S. Sanford (24) State Phys. (25) Address of Physician or Midwife Greer

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 Jan 5 1916 (28) J. A. S. Scales 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia