

MAINTAIN PRESERVED FOR RECORDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Marion

Township of Finley Moody

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

65342

Registration District No. 9204 Registered No. 27
 (For use of Local Registrar)

(2) Full Name of Child

Daniel Jasper Turner

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

June 9 1916

FATHER.

(8) FULL NAME Richard Turner

(9) PRESENT POSTOFFICE OF FATHER Sellers S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE Marion Co

(13) OCCUPATION Farmer

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Sumnerford

(15) PRESENT POSTOFFICE OF MOTHER Sellers S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE Marion Co

(19) OCCUPATION Housewife

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) N. A. Edwards

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sellers S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

(27) Filed June 12 1916

(28) J. W. Stacchore
 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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