

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
65342

County of Marion

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Kirby Moody

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

or
Inc. Town of

or
City of

(No. St.)

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

(2) Full Name of Child. Daniel Gasher Turner (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 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Richard Turner

(14) NAME BEFORE MARRIAGE Lillie Summersford

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

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

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Marion Co

(18) BIRTHPLACE Florence Co

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

(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 o'clock on the date above stated. (Boy, Girl or stillborn) (Hour, M. or P. M.)

(23) (Signature) H. A. Edwards (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sellers 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 June 12 1916 (28) J. W. Stachhouse 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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MAYGLEN TRENKLE THIS PAGE BEING...
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 3.
McClary, of Columbia