

Form No. 1

## (1) PLACE OF BIRTH

County of Kershaw  
 Township of Ball's Bluff  
 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

4285

Registration District No. 2700 Registered No. 7  
 (For use of Local Registrar)

(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 Thomas Lee 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 9 1925  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James H. Turner  
 (9) PRESENT POSTOFFICE OF FATHER Jefferson  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
 (12) BIRTHPLACE Kershaw  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Wm. H. Hurd  
 (15) PRESENT POSTOFFICE OF MOTHER Jefferson  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
 (18) BIRTHPLACE Kershaw  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret H. Hurd  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2 1925 (28) 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.  
 Bureau of Columbia: Columbia, S. C.