

Form No. 1

(1) PLACE OF BIRTH

County of 1st Commack
Township of St. Anne
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

15045

Registration District No. 4000 Registered No. 9
(For use of Local Registrar)

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

(2) Full Name of Child Ida May Turner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 30 1923
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Wack Turner (9) PRESENT POSTOFFICE OF FATHER St. Anne Branch (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (12) BIRTHPLACE St. Anne Branch (13) OCCUPATION Public work

MOTHER. (14) NAME BEFORE MARRIAGE Fannie MacKillion (15) PRESENT POSTOFFICE OF MOTHER St. Anne Branch (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (18) BIRTHPLACE St. Anne Branch (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. H. H. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Anne Branch

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 1 1923 (28) B. H. H. 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

Revised by Columbia, Columbia, S. C.