

Form No. 1

(1) PLACE OF BIRTH

County of Florence
 Township of Hannah
 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
42496

Registration District No. 2016 Registered No. 40
 (For use of Local Registrar)

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

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 27 Dec 27, 20
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Edgar E. Turner
 9) PRESENT POSTOFFICE OF FATHER Hyman S.C.R.2.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 64
 (12) BIRTHPLACE Hannah S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Mincey Daniels
 (15) PRESENT POSTOFFICE OF MOTHER Hyman S.C.R.2.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
 (18) BIRTHPLACE Kingsburg S.C.R.11
 (19) OCCUPATION Housework
 (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. W.W. McEachester
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hyman S.C.R.2

Given name added from a supplemental report

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

(27) Filed Dec 30 1927 (28) W.T. Boston 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.