

(1) PLACE OF BIRTH

County of WickTownship of Hammond

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

20697

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

(No. St.; Ward)

(2) Full Name of Child Fannie Turner 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 June 7 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Turner(9) PRESENT POSTOFFICE OF FATHER Augusta Ga(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Edgefield SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Johnston(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Edgefield SC(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mamie [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Augusta Ga

Given name added from a supplemental report

(26) Witness Rosa Johnson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 9 19 22 (28) Jas J. Greene M.D. 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.