

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA.

File No.—For State Registrar Only

52116

County of

Bureau of Vital Statistics

State Board of Health

Township of

or

Inc. Town of

City of Florence

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

Registration District No. 21Registered No. 53

(For use of Local Registrar)

St. 2 Ward(2) Full Name of Child Frances Evelyn Turner

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married Yes

(7) DATE OF BIRTH

March 6 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fuller Lee Turner

(9) PRESENT POSTOFFICE OF FATHER

Florence, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Florence, S.C.

(13) OCCUPATION

Fire Smith

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Lula Barnes (Turner)

(15) PRESENT POSTOFFICE OF MOTHER

Florence, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Florence, S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:35 A. M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Florence, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 9, 1916

(28)

C. C. Craft, 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.

Registrar

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FORM NO. 3

W. E. McCaw, S. McCaw, of Columbia.

MARRIAGE LICENSES—SEE INSTRUCTIONS. THIS IS A SUPPLEMENTARY REPORT. 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.