

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Charleston
or
Inc. Town of
City of (No. St.; Ward)
(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
91830

Registration District No. 4002 Registered No. 259
(For use of Local Registrar)

(2) Full Name of Child 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 8, 1915
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ashford Turner
(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Spartanburg Co.
(13) OCCUPATION Consolidated Depot Agent
(20) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Grace McCallister
(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Spartanburg Co.
(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 B. A. line 7:40 at 7:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. McKinnon
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report
19 .. Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 15, 1915 (28) J. B. Blockhouse 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.