

MARGIN RESERVED FOR INDEXING.
IN PLAIN, WITH INDEXING, THIS IS A PERMANENT RECORD.
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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>usages</u>		STATE OF SOUTH CAROLINA		4647	
Township of <u>Doctalingo</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>260</u>		Registered No. <u>13</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Katharine Turner</u> (If child is not yet named, make supplemental report as directed)					
(3) Sex <u>Female</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23 22</u>	
To be answered only in event of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>Elliott Turner</u>			(14) NAME BEFORE MARRIAGE <u>Corrie Bowers</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cousaw Station</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cousaw Station</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>52</u>	(16) COLOR OR RACE <u>Negro</u>			
(12) BIRTHPLACE <u>South Carolina</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>	(18) BIRTHPLACE <u>South Carolina</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>9</u>		(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>4 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Bessie B. Roberts</u>			(24) Address of Physician or Midwife <u>Cousaw Station</u>		
(24) State whether Physician or Midwife <u>Midwife</u>			(25) Address of Physician or Midwife <u>Cousaw Station</u>		
Given name added from a supplemental report			(26) Witness <u>B. C. Roberts</u>		
			(27) Filed <u>Feb 6 22</u> <u>2574 Roberts</u>		
19			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.