

MARGIN RESERVED FOR BINDING.

WRITE 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

PLACE CHILD, No. 1, THE OTHER, No. 2, etc., in question 5.

MECAN OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Clay
 or
 Inc. Town of Orangeburg
 or
 City of Orangeburg (No. 36.0 St. 35 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Herbert Eugene Turtle (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH Feb 26 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Ed Turtle (14) NAME BEFORE MARRIAGE Betha Cliff
 (9) PRESENT POSTOFFICE OF FATHER 48 Meeting St (15) PRESENT POSTOFFICE OF MOTHER
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 56 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 51
 (12) BIRTHPLACE Orangeburg Co (18) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Subm (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was born alive at 230 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) H. P. Schipper
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
 Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 4/3 1922 (28) W. I. Hargrave 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.
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