

PLACE OF BIRTH

County of Greenville.....

Township of

or
Inc. Town of Greenville....City of Greenville (No. 264 McCall St.)

(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

1916

(2) Full Name of Child. Not yet named. If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u> .	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>2/2/16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Joe Walter Turner.(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE North Ga.(13) OCCUPATION Conductor. St. Ry. Co.(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lou Boyce.(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Greenville, County.(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. Alive at 1.....A.....M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alfred Paul

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville, S. C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Feb 3 1916. (28) Charles E. Smith
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breather 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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