

(1) PLACE OF BIRTH

County of SallersvilleTownship of Auctionor
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2200 Registered No. 20
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48003

(2) Full Name of Child Franklin Turner ... } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22 1916
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Joe Turner MOTHER. (14) NAME BEFORE MARRIAGE Lilke Coopers(9) PRESENT POSTOFFICE OF FATHER Simpsonville (15) PRESENT POSTOFFICE OF MOTHER Simpsonville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years) (Years)(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Cotton mill work (19) OCCUPATION Housekeeping(20) Number of children born to mother, including present birth 1 (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 alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. L. Richardson

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

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 8/7 1916 (28) L. L. Richardson 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. 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.

CRAT.

If