

FORM NO. 3 MARRIAGE—RESERVED FOR BLENDED FAMILIES
 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
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 M. C. W. of Columbia

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Woodside
 or
 City of Woodside (No. 5-7 2nd)
 (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
85840

Registration District No. 2259 Registered No. 557
 (For use of Local Registrar)
(2) Full Name of Child Claud Robert Turner } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>B</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11-29-1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Fred Turner</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Lee Evans</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. 5-22 St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. 6-7 2nd St</u>			
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>NC.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Mill operator</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 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 Dec 9 1906 (28) A H Murray 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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