

FORM NO. 3
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
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
McClaw, of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of Windsor

or
City of Windsor

(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)

(No. 5+7 2nd)

St.: Ward

(2) Full Name of Child Claud Robert Turner

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11-29-1916
(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER.

(8) FULL NAME James Fred Turner

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. 5-22 St

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE NC.

(13) OCCUPATION Mill Operator

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lee Evans

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 6+7 22 St

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

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) J. L. Giles M.D.

(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 1916 (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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