

(1) PLACE OF BIRTH

County of Aiken
Township of Wedge
of South Carolina
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 19644
—For State Registrar Only

Registration District No. 204 Registered No. 57
(For use of Local Registrar)

(2) Full Name of Child Carrie Belle Turner (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD 7 (4) Type of 1 (5) Number in order of birth (6) No. of 2 (7) DATE OF BIRTH 7.6.37
(To be covered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Turner
(9) PRESENT RESIDENCE OF FATHER Vanhook St
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE SC
(13) OCCUPATION Miss Turner
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Maude Plain
(15) PRESENT RESIDENCE OF MOTHER Vanhook St
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37
(18) BIRTHPLACE GA
(19) OCCUPATION Miss Turner
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Aiken at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(22) (Signature) S. A. Turner
(23) State, whether Physician or Midwife (24) Address of Physician or Midwife Tranhook St

(Given name added from a supplemental report)
Dr. B. ...
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed Aug 8 1937 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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