

(1) PLACE OF BIRTH

County of Chester

Township of

OF

Inc. Town of

OF

City of Chester

(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

17113

Registration District No. 11ARegistered No. 49

(For use of Local Registrar)

(2) Full Name of Child Wilkie James McTurkin 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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH June 15 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John McTurkin(9) PRESENT POSTOFFICE OF FATHER Chester S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Fairfield County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Crosby(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Leeds S.C.(19) OCCUPATION Farmer(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 born as born M. on the date above stated. (Born alive or stillborn) (M. or P. M.)(23) (Signature) W. G. Walls(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 10 1923

(28)

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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