

Form No. 1

(1) PLACE OF BIRTH

County of HyattsvilleTownship of Schultz

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

3410

Registration District No. 213Registered No. 47
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hellie Turner

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth no (6) Are Parents Married no (7) DATE OF BIRTH Nov 2 73
(Name of Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME	<u>Gilbert Turner</u>	(14) NAME BEFORE MARRIAGE	<u>Charlotte Chavon</u>				
(9) PRESENT POSTOFFICE OF FATHER	<u>North Augusta</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>North Augusta</u>				
(10) COLOR OR RACE	<u>Blk</u>	(16) COLOR OR RACE	<u>Blk</u>				
(11) AGE AT LAST BIRTHDAY	<u>21</u>	(17) AGE AT LAST BIRTHDAY	<u>31</u>				
(12) BIRTHPLACE	<u>SC</u>	(18) BIRTHPLACE	<u>SC</u>				
(13) OCCUPATION	<u>Laborer</u>	(19) OCCUPATION					
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at North Augusta M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lula Turner(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife North Augusta SC

Given name added from a supplemental report

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

(27) Filed 11-8 73 (28) DR Medlock 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.