

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 580 - For State Registrar Only

County of Charleston

Township of McCluncheon

Inc. Town of McCluncheon

City of McCluncheon

Registration District No. 906 Registered No. 9

(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 Asana Bernice Turner

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

(3) SEX OR GENDER Female (4) Type of Union 2 (5) Age of Child 74 (6) DATE OF BIRTH June 31, 1923

FATHER		MOTHER	
(7) FULL NAME <u>Peter Turner</u>	(14) NAME BEFORE MARRIAGE <u>Louise Bernice</u>	(15) PRESENT RESIDENCE OF FATHER <u>McCluncheon</u>	(16) PRESENT RESIDENCE OF MOTHER <u>McCluncheon</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>60</u>	(18) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>
(12) BIRTHPLACE <u>Georgetown Co</u>	(13) OCCUPATION <u>Day Laborer</u>	(19) BIRTHPLACE <u>Charleston Co</u>	(20) OCCUPATION <u>Day Laborer</u>
21. Number of children born to mother, including present birth <u>2</u>		22. Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(24) (Signature) Mollie Washington (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife McCluncheon

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) John E. Beckman (28) Filed July 9, 1923 (29) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.