

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Phillipsor 7 1/2 mileInc. Town of St. MichaelsCity of 7 1/2 mile

(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

88861

Registration District No. 909Registered No. 168

(For use of Local Registrar)

St. Ward(2) Full Name of Child Louise Turner

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

| | | | | |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 23, 1916</u> (Name of Month) (Day) (Year) |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME John William Turner(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Lynchburg Va.(13) OCCUPATION Telegraph Operator(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Higgins.(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Greencove Springs Fla.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour 9:15 or P.M.) on the date above stated.(23) (Signature) Charles H. Peirson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D.Charleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 25, 1916 (28) C. T. Myers 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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WRITE PLAINLY WITH UNFADING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
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 5.