

FORM NO. 3.

(1) PLACE OF BIRTH

County of NewberryTownship of Whitmanor Town of WhitmanCity of Whitman

(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

46924

Registration District No. 24Registered No. 110

(For use of Local Registrar)

2. Full Name of Child Brody Turner

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

BOY OR GIRL? Boy(4) Twin or Implet? No(5) Number in order of birth 1(6) Are Parents Married? No(7) DATE OF BIRTH Jan 22

(Name of Month) (Day) (Year)

FATHER

(1) FULL NAME Buster Turner(2) PRESENT POSTOFFICE OF FATHER Whitman SC(3) COLOR OR RACE White(4) AGE AT LAST BIRTHDAY 20

(Years)

(5) BIRTHPLACE Whitman SC(6) OCCUPATION laborer(7) Number of children born to mother, including present birth 1

MOTHER

(8) NAME BEFORE MARRIAGE Carol Turner(9) PRESENT POSTOFFICE OF MOTHER Whitman SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 20

(Years)

(12) BIRTHPLACE Whitman SC(13) OCCUPATION laborer(14) Number of children of father now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was Alive at 11:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(16) (Signature) Dr. J. C. Turner

(17) State whether Physician or Midwife

(18) Address of Physician or Midwife Whitman SC

Given name added from a supplemental report

(19) Witness Dr. J. C. Turner

(Signature of Witness necessary only when question 22 is signed by mark)

(20) Filed for 1914

(21)

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.

MARGIN RESERVED FOR BINDING.
WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PREGNANT WOMAN'S RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.
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