

115144  
 No Cases.  
 ack. 50  
 aih

22 049337

FILE No.—For State Registrar Only  
 01206

U. S. Dept. of Commerce  
 Bureau of the Census  
**1. PLACE OF BIRTH**  
 County of Richland  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Columbia S.C.  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)  
**Standard Certificate of Birth**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 34a Registered No. \_\_\_\_\_  
 (For use of Local Registrar)  
 (No. Colonial Heights) \_\_\_\_\_ Ward

**2. FULL NAME OF CHILD** Margaret Lucille Turner If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other	5. Number, in order of birth	6. Premature	7. Are Parents Married	8. Date of birth	19. <u>22</u>
					<u>yes</u>	<u>April 11</u> (month, day, year)	

9. Full name <u>James Turner</u> <b>FATHER</b>	18. Name before marriage <u>Lucile Rush</u> <b>MOTHER</b>
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S.C.</u>

11. Color or race <u>Col.</u>	12. Age at child's birth <u>22</u> (years)	20. Color or race <u>Col.</u>	21. Age at child's birth <u>20</u> (years)
-------------------------------	--	-------------------------------	--

13. Birthplace (city or place) (State or country) <u>Richland Co. South Carolina</u>	22. Birthplace (city or place) (State or country) <u>Richland Co. South Carolina</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Labor</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation	months	weeks	29. Cause of stillbirth	Before labor	During labor

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Lucile Turner, Parent  
 or \_\_\_\_\_, Guardian  
 Address \_\_\_\_\_

Filed Jan. 17, 19 44 L. A. Riser, M.D.  
 Registrar.

Registrar.

aih

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)