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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.)

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.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38a Registered No. _____

(For use of Local Registrar)

(No. Colonial Heights) Ward _____

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

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

3. Boy or Girl Girl If Plural births _____ 4. Twins, triplets or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth April 11, 1944
(Month, day, year)

9. Full name James Turner FATHER

18. Name before marriage Lucille Rush MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Columbia, S.C.

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11. Color or race Col. 12. Age at child's birth 2.2 (years)

20. Color or race Col. 21. Age at child's birth 2.0 (years)

13. Birthplace (city or place) (State or country) Richland Co. South Carolina

22. Birthplace (city or place) (State or country) Richland Co. South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Labor

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 _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged 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) 2 (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) _____

Registrar.

(Signed) Lucille Turner, Parent
or _____, Guardian
Address _____
Filed Jan. 17, 1944 L. A. Riser, M.D.
Registrar.

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