

(1) PLACE OF BIRTH

County of Newberry

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19508

Inf. Born at Registration District No. 44-4 Registered No. 72

(For use of Local Registrar)

City of Newberry (No. St.; Ward)
 If born at a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Deviles Turner If child is not yet named, make supplemental report as directed

3. (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1950
 (Name of Month) (Day) (Year)

FATHER.

NAME James E. Turner
 BIRTH Newberry S.C.
 AGE AT LAST BIRTHDAY 31 (Years)
 BIRTHPLACE Newberry S.C.
 OCCUPATION Working
 Number of children born to 3
 including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Ann
 (15) PRESENT POS. OFFICE OF MOTHER Newberry S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Columbia S.C.
 (19) OCCUPATION Housework
 (22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary F. Hodges

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Newberry S.C.

Given name added from a supplemental report

(26) Witness B. S. Cunningham
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 3, 1950 (28) B. S. Cunningham Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child branches 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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