

FORM NO. 2

## (1) PLACE OF BIRTH

County of

Georgetown

Township of

or  
Inc. Town ofor  
City of

Georgetown

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

Registration District No.

21-A

Registered No.

16

(For use of Local Registrar)

St.; ..... Ward

## (2) Full Name of Child

Baby Turner

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

(3) BOY OR  
GIRL?

Boy

(4) Twin  
or Triplet?

1

(5) Number in  
order of birth

4

(6) Are  
Parents  
Married?

Yes

(7) DATE OF  
BIRTH

Feb. 11 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

John Milledge Turner

(9) PRESENT  
POSTOFFICE  
OF FATHER

Georgetown S.C.

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Edgefield Co. - S.C.

(13) OCCUPATION

Electrician

(14) Number of children born to  
mother, including present birth

4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Helen Turbox

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Georgetown S.C.

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Georgetown - S.C.

(19) OCCUPATION

Housekeeping

(20) 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 or stillborn, on the date above stated.

(23) (Signature)

J. P. King

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Georgetown S.C.

Given name added from a supplement-  
tal report

....., 191.....

.....  
Registrar

(26) Witness

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

(27) Filed

Feb. 13 1916

(28)

P. J. King  
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 READING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. R.—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 2.

McCaw, of Columbia.