

FORM NO. 1 MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE REPORTS, one for each child, and mark as FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8. McCaw of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of Monarch Registration District No. 4207 Registered No. 106
 or
 City of Monarch Mills (No. Monarch Mills St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
87733

(2) Full Name of Child Robt. Edward Turner } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u> </u>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 5</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Robt E Turner</u>		(14) NAME BEFORE MARRIAGE <u>Sollie Nichols</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Monarch Mills Union S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Monarch Mills Union S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)		(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>Union S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>Cotton Mill Work</u>		(18) BIRTHPLACE <u>Shortsburg S.C.</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(19) OCCUPATION <u>Domestic</u>		
		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. P. Jackson M.D.

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

Given name added from a supplemental report

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

(27) Filed Nov 11 1916 (28) D. G. Garratt 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.