

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

2955

County of BeaufortTownship of Sheldon

or

City of _____

or

City of _____

Registration District No. 0312Registered No. 22

(For use of Local Registrar)

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

(2) Full Name of Child Mavis Turner

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

(3) Sex Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? No (7) DATE OF BIRTH Feb 10 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME W. R.
 (9) PRESENT POSTOFFICE OF FATHER W. R.
 (10) COLOR OR RACE W. R. (11) AGE AT LAST BIRTHDAY _____ (Years)
 (12) BIRTHPLACE _____
 (13) OCCUPATION _____
 (20) Number of children born to mother, including present birth: 1

MOTHER
 (14) NAME BEFORE MARRIAGE Birdy Turner
 (15) PRESENT POSTOFFICE OF MOTHER Yemassee
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (years)
 (18) BIRTHPLACE Sheldon S. C.
 (19) OCCUPATION Farm work
 (21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Rosaline S. P. on the date above stated. (Born alive or stillborn) (If not A. M. or P. M.)(23) (Signature) Rosaline S. P. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed _____ (28) _____ (29) _____

When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn child until the month of pregnancy.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS
 BOSTON, MASS.
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