

FORM No. 10.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

City of Columbia.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of Postleau  
or  
Inc. Town of McClain  
or  
City of \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.          For State Registrar Only  
**62767**

Registration District No. 101 Registered No. 30  
(For use of Local Registrar)  
St.; \_\_\_\_\_ Ward

(2) Full Name of Child Charles Coleman Turner child is not yet named, make supplemental report as directed

(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 23 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER Charles C. Turner

(14) NAME BEFORE MARRIAGE Simon Max Pacey

(9) PRESENT POSTOFFICE OF FATHER McClain

(15) PRESENT POSTOFFICE OF MOTHER McClain

(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE England Co

(18) BIRTHPLACE Alabama

(13) OCCUPATION Merchant

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of the mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. S. Turner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife McClain

Given name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
\_\_\_\_\_  
Registrar

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

(27) Filed July 10 1916 (28) J. B. Dawson 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.

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