

WRITE 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.

N. H.

MCGAW OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only  
**22288**

(1) PLACE OF BIRTH  
 County of Summit  
 Township of Chest. Spring  
 or  
 Inc. Town of .....  
 or  
 City of Sum (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 27(B) Registered No. 30  
 (For use of Local Registrar)

(2) Full Name of Child FRANCIS MIRIAM FAYOTEK (If child is not yet named, make supplemental report as directed)

(3)  BOY  GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 20 1927  
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>William Ester Turner</u>		(14) NAME BEFORE MARRIAGE	<u>Edna Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Sum SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Sum SC</u>	
(10) COLOR OR RACE	<u>W</u>	(11) AGE AT LAST BIRTHDAY <u>51</u> (Years)	(16) COLOR OR RACE	<u>W</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE	<u>Spartanburg Co</u>		(18) BIRTHPLACE	<u>Summit Co</u>	
(13) OCCUPATION	<u>Clerk</u>		(19) OCCUPATION	<u>Domestic</u>	
(20) Number of children born to mother, including present birth	<u>one</u>		(21) Number of children of this mother new living, including present birth	<u>one</u>	

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 12<sup>00</sup> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thurmon O. Walker  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sum SC

Given name added from a supplemental report  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 8/10 19 27 (28) W. G. ... 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.

Registrar Local Registrar  
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