FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43316

(1) PLACE OF BIRTH
County of Berry
Township of Socastee
or
Inc. Town of ..... Registration District No. 2510 Registered No. 5-4
(For use of Local Registrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dean Nilson Turbville
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? 0 (Twin assumed only in event of Twins or Triplets)
(5) Number in order of birth 1
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Dec. 29, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Van Buren Turbville	(14) NAME BEFORE MARRIAGE Fannie May Nilson
(9) PRESENT POSTOFFICE OF FATHER Burgess	(15) PRESENT POSTOFFICE OF MOTHER Burgess S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Socastee, S. C.	(18) BIRTHPLACE Thompson, S. C.
(13) OCCUPATION Farming	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 2	(21) Number of children of this 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 alive (Born alive or stillborn) at 10-A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jos. Joe Jones
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Burgess, S. C.

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness Mrs. Dare Turbville
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 1915 (28) Edgar A. Stalvey
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.

WRITE PLAINLY, WITH INK. DO NOT USE PENCIL. USE BLACK INK. PRINT NOTHING.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
McKaw, of Columbia