

## (1) PLACE OF BIRTH

County of FlaurenceTownship of Thomash

Inc. Town of .....

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

7547

Registration District No. 2016 Registered No. 1  
(For use of Local Registrar)

(No. .... St. .... Ward)

## (2) Full Name of Child

Turner

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Feb. 7 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W. H. Turner

(9) PRESENT POSTOFFICE OF FATHER

Kingburg, N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35  
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dorrie Isakson

(15) PRESENT POSTOFFICE OF MOTHER

Kingburg

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33  
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. H. Eaddy

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife

Johns Creek

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 30 1922(28) W. H. Patten

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.