★ By Court order: Jack Weldon Gibson
5-26-64

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74667

County of Spartanburg
Township of .....

Town of Spartanburg Registration District No. 40-A Registered No. 326
(For use of Local Registrar)

City of Spartanburg (No. 116 Moore 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. Jack Weldon Turner. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in case of Twins or Triplets		Yes	8 (Name of Month), 1 (Day), 1916 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Wm Turner	(14) NAME BEFORE MARRIAGE	Leola Gibson
(9) PRESENT POSTOFFICE OF FATHER	City	(15) PRESENT POSTOFFICE OF MOTHER	City
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Ga	(18) BIRTHPLACE	SC
(13) OCCUPATION	Salesman	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	6	(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 alive (born alive or stillborn) at 3.30 p.m. (Hour—A. M. or P. M.) on the date above stated.

(23) (Signature) O W Leonard M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spartanburg S. C.

When name added from a supplemental report
Court Order #2356
filed 2-3-65
Registrar

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

(27) Filed Sept. 1 1916 (28) Jas Copes
Local Registrar.

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