

## (1) PLACE OF BIRTH

County of GreenvilleTownship of 11Inc. Town of BlacksburgCity of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Kathleen Pauline Turner

File No.—For State Registrar Only

4395

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2209B Registered No. 54

(For use of Local Registrar)

(No. R.R. #3 St.; ..... Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 7, 1922</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Paul Charles Turner(9) PRESENT POSTOFFICE OF FATHER R.R. #3(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 21  
(Year)(12) BIRTHPLACE SC.(13) OCCUPATION Te. lto work(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Genie Mae, W. L. Lendell(15) PRESENT POSTOFFICE OF MOTHER Genie(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 18  
(Year)(18) BIRTHPLACE SC.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:31 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) C. J. Turner(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, SC.

Given name added from a supplemental report

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

(27) Filed Feb 1, 1922 (28) Local Registrar W. L. Lendell

\*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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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.