

## (1) PLACE OF BIRTH

County of

Township of

or Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

4115

Registration District No. 732

Registered No. 17

(For use of Local Registrar)

(No. Greenwood Hospital 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

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

(1) BOY OR GIRL

Girl

(2) Twin or Triplet

To be answered only in case of Twin or Triplet

(3) Number in order of birth

(4) Are Parents Married

yes

(5) DATE OF BIRTH

Feb 15 1923

(Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME

David Grier Dellinger

(7) PRESENT POSTOFFICE OF FATHER

New Market, S.C.

(8) COLOR OR RACE

white

(9) AGE AT LAST BIRTHDAY

43

(Year)

(10) BIRTHPLACE

Cherryville, Gaston Co., N.C.

(11) OCCUPATION

number clerk &amp; grader

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

8 (Eight)

## MOTHER.

(13) NAME BEFORE MARRIAGE

Susie Elizabeth Tourk

(14) PRESENT POSTOFFICE OF MOTHER

New Market, S.C.

(15) COLOR OR RACE

white

(16) AGE AT LAST BIRTHDAY

39

(Year)

(17) BIRTHPLACE

Cherryville, S.C.

(18) OCCUPATION

housewife

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

10 (Eight)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was

Born alive or stillborn

at S.P.M., Hour A.M. or P.M.)

on the date above stated.

(21) (Signature)

D. P. Turner, M.D.

(22) State, whether Physician or Midwife

(23) Address of Physician or Midwife

Cherryville, S.C.

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed

Feb 10 1923

(27)

D. A. Williams

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.

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