

(1) PLACE OF BIRTH

County of Newberry Co.Township of # 31or
Inc. Town of.....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 Leila Turner

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 6 1922</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Turner(9) PRESENT POSTOFFICE OF FATHER Knicks A.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Newberry Co.(13) OCCUPATION Farmer Laborer(20) Number of children born to mother, including present birth 1 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marrie Sanders(15) PRESENT POSTOFFICE OF MOTHER Knicks A.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Newberry Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. L. ...(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name added from a supplemental report

(26) Witness A.C. ... (Signature of Witness necessary only when question 22 is signed by "X")(27) Filed Jan 10 1922 (28) A.B. ... Local Registrar

*When there was no attending physician or midwife, 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.

File No. for State Registrar Only 2048

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.