

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Four Mile  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 546 Registered No. 5  
 (For use of Local Registrar)

File No. — For State Registrar Only

10037

(2) Full Name of Child Dorothy Turner

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

(3) SEX OR GUL girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 10 1922  
 (Name) (Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Josh Turner (14) NAME BEFORE MARRIAGE Miter Lutz  
 (9) PRESENT POSTOFFICE OF FATHER Ellenton SC (15) PRESENT POSTOFFICE OF MOTHER Ellenton SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE Beaufort Co (18) BIRTHPLACE Ellenton SC  
 (13) OCCUPATION Choufer (19) OCCUPATION none  
 (20) Number of children born to mother, including present birth 14 (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 at 8:9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lerna Bourne (24) Address of Physician or Midwife Ellenton SC

Given name added from a supplemental report

(25) Witness W. B. Lanes (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Signed W. B. Lanes (28) 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.