

(1) PLACE OF BIRTH

County of Franklin
Township of 15
or
Inc. Town of Monticello
or
City of 52

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for this Register only
28236

Registration District No. 15 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child

(7) BOY OR GIRL <u>B</u>	(8) Twin or Triplet To be covered only in case of Twin or Triplet	(9) Number in order of birth <u>1</u>	(10) Sex <u>M</u>	(11) DATE OF BIRTH (Month) <u>1</u> (Day) <u>23</u> (Year) <u>1923</u>
FATHER			MOTHER	
(1) FULL NAME <u>Esler Turner</u>			(14) NAME BEFORE MARRIAGE <u>Isabel Crompton</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Not at home</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St. Louis</u>	
(13) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>P. C.</u>	
(13) OCCUPATION <u>gen. public work</u>			(19) OCCUPATION <u>inf.</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) A. Griffin
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife St. Louis

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) C. E. Rebb
(27) Filed 1/23 1923 (28) C. E. Rebb 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.