

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of ..... P  
or  
City of ..... Greenville, S.C.

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

File No.—For State Registrar Only

18725

Registration District No. 27A Registered No. 285  
(For use of Local Registrar)  
(No. #113, Houston, St.; 6th Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Eleanor Turner

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

3 BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-10, 22. (Name of Month) (Day) (Year)

FATHER.  
8 FULL NAME Thos Coke Turner

9 PRESENT POSTOFFICE OF FATHER Greenville, S.C.

10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

12 BIRTHPLACE Greenwood, S.C.

13 OCCUPATION Lawyer

20 Number of children born to mother, including present birth {One

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary Smithson

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Westminster, S.C.

(19) OCCUPATION House-Wife

(21) Number of children of this mother now living, including present birth {One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive... 2... P... M... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician C. B. Bruce

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed June 19, 1922 (28) C. B. Smith 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.

THIRTEEN MONTHS OF PREGNANCY.