

Form No. 8

## (1) PLACE OF BIRTH

County of MarionTownship of Wintley

Inc. Town of \_\_\_\_\_

(My of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 204

FILE NO. For State Registrar Only

21822

Registered No. 116  
(For use of Local Registrar)

(No. \_\_\_\_\_ (Pt.) \_\_\_\_\_ (Ward))

(2) Full Name of Child Alicia Turner (If birth occurs in a hospital or other institution, give name of street and number.)(3) Yes (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

|                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (8) FULL NAME <u>Emo C. Turner</u><br>(9) PRESENT POSTOFFICE OF FATHER <u>Sellers S.C.</u><br>(10) COLOR OR RACE <u>White</u><br>(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)<br>(12) BIRTHPLACE <u>Marion S.C.</u><br>(13) OCCUPATION <u>Farming</u><br>(14) Number of children born to mother, including present birth <u>eight</u> |  | (14) NAME BEFORE MARRIAGE <u>Poa Coate</u><br>(15) PRESENT POSTOFFICE OF MOTHER <u>Sellers S.C.</u><br>(16) COLOR OR RACE <u>White</u><br>(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)<br>(18) BIRTHPLACE <u>Marion S.C.</u><br>(19) OCCUPATION <u>Housewife</u><br>(21) Number of children of this mother now living, including present birth <u>five</u> |  |
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. B. Turner (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness

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

(27) Filed Aug 8 1923

(28)

Local Registrar

Given name added from a supplemental report

19\_\_\_\_  
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 28th month of pregnancy.