(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2446

County of Spartanburg
Township of .....
or
Inc. Town of .....
or
City of .....

Registration District No. 40-a Registered No. 35
(For use of Local Registrar)

(No. 140 Milan 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 Turner — If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		No	Jany 4 (Name of Month) (Day) 1922 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Jon T Turner	(14) NAME BEFORE MARRIAGE	Maud Ochiltree
(9) PRESENT POSTOFFICE OF FATHER	Spty SC	(15) PRESENT POSTOFFICE OF MOTHER	Spty SC
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	39
(12) BIRTHPLACE	Spty SC	(18) BIRTHPLACE	Landrum
(13) OCCUPATION	Mill Wk	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	7	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 3:40 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Sandoval Mod

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed 2-1- 1922 (28) Jas. Copes
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.

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N. B.—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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.

McCAW OF COLUMBIA, COLUMBIA, S. C.