

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Christ Church

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 901

File No.—for State Registrar

562Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Harley Tuane Turner

(3) SEX OR GENDER Boy (4) Type or Value To be reported only in case of Twin or Triple (5) Number of children of this mother Yes (6) Date of Birth Jan 24 1922

FATHER: (7) FULL NAME James Tuane (8) NAME BEFORE MARRIAGE Sidie's Bennett

(9) PRESENT RESIDENCE OF FATHER Mt Pleasant (10) PRESENT RESIDENCE OF MOTHER Mt Pleasant

(11) COLOR OR RACE Negro (12) AGE AT LAST BIRTHDAY 36 (13) COLOR OR RACE Negro (14) AGE AT LAST BIRTHDAY 36

(15) BIRTHPLACE S.C. (16) BIRTHPLACE S.C.

(17) OCCUPATION Farmer (18) OCCUPATION House wife

(19) Number of children born to mother, including present birth Seven (20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (22) (Signature) Chas Palmer (23) Place where born born alive (24) Date whether Physician or Midwife born alive (25) Address of Physician or Midwife Mt Pleasant

(26) Given name added from a supplementary report None (27) Witness (Signature of Witness necessary only when question 23 is signed by mark) None

(28) Filed Jan 24 1922 (29) Isaac Aull

When there was no attending physician or midwife, then the father, immediately after the birth of the child, must be reported as such, before the fifth month of pregnancy.