

(1) PLACE OF BIRTH

County of Orangeburg

Township of

Inc. Town of Branchville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3601No. 22075Registered No. 34
(For use of Local Registrar)

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

(2) Full Name of Child James B. Turner If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Type or Triplet Single (5) Number in order of birth 1 (6) Age of child at birth 7 (7) DATE OF BIRTH July 10, 1923

FATHER. MOTHER.

(8) FULL NAME James B. Turner (14) NAME Miss Mattie Smith(9) PRESENT POST OFFICE OR FATHER Branchville, S.C. (15) PRESENT POST OFFICE OF MOTHER Branchville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Arkia Co. (18) BIRTHPLACE Arkia Co.(13) OCCUPATION R.R. Conductor (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 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. H. Rouse (24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Branchville, S.C.

(Given name added from a supplemental report)

J. Turner
Mar. 18, 1924
Homeborn

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

(27) Filed July 10, 1923 (28) J. Preston E. L. 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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