

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Paul

or
 Inc. Town of.....
 or
 City of See Vol. 1-4-7106

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41423

Registration District No..... Registered No. 26
 (For use of Local Registrar)

City of See Vol. 1-4-7106 (No.....) 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 Logan Canady If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes DATE OF BIRTH Sept 11 19 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Allen Paul Canady

(9) PRESENT POSTOFFICE OF FATHER Adborn

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Charleston County SC

(13) OCCUPATION Farmer

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

MOTHER.
 (14) NAME BEFORE MARRIAGE Della Garrison

(15) PRESENT POSTOFFICE OF MOTHER Adborn SC

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

(18) BIRTHPLACE Colleton County SC

(19) OCCUPATION Housewife

(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 born at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Simon

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Adborn SC

Given name added from a supplemental report

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

(27) Filed 11/19 19 22 (28) W. H. Hearn 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 occurring within the fifth month of pregnancy.

REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES, SOUTH CAROLINA, 1922, FORM NO. 1, OTHER, No. 2, etc., in question 5.