

(1) PLACE OF BIRTH

County of Spokane
 Township of Glendale
 or
 Inc. Town of Glendale
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

1923

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

(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 Margaret E. Turner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Date or Triplet Yes (5) Are Parents Married Yes (6) DATE OF BIRTH June 24 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>William H. Turner</u>	(14) NAME BEFORE MARRIAGE <u>Kettie M. Turner</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Glendale</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Glendale</u>
(10) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(10) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>30</u> (Year)
(12) BIRTHPLACE <u>South Carolina</u>	(14) BIRTHPLACE <u>North Carolina</u>	(14) OCCUPATION <u>Mill work</u>	(16) OCCUPATION <u>Domestic</u>
(16) Number of children born to mother, including present birth <u>5</u>	(18) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at P. M.,
 on the date above stated. (Born alive Yes) (Hour 7:00 of P. M.)

(22) (Signature) A. M. Allen
 (24) State whether Physician or Midwife (26) Address of Physician or Midwife Glendale

Given name added from a supplement-
 al report

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

(30) Filed (32) 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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