

(1) PLACE OF BIRTH

County of Anderson  
Township of 11  
or  
Inc. Town of 24  
or  
City of Anderson

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

File No.—For State Registrar Only  
**32381**

Registration District No. 4008 Registered No. 341  
(For use of Local Registrar)

(No. Aradia St.: Aradia Ward)  
(If birth occurs in a hospital or other institution, give name of street and number.)  
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 7-17-22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Harry Turner  
(9) PRESENT POSTOFFICE OF FATHER Camp Gregg MC.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION in army U.S.

MOTHER.  
(14) NAME BEFORE MARRIAGE Mildred Rice  
(15) PRESENT POSTOFFICE OF MOTHER Aradia S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE MC.  
(19) OCCUPATION Telephone  
(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 (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated. (23) (Signature) J. H. Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept. 26 1922 (28) Mrs. C. F. Parker 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.

MARGIN RESERVED FOR BINDING.  
WHITE PLAIN: WITH UNFOLDING INDEX IN A PERMANENT RECORD.  
N. B.—In case of twins or triplets use a separate blank form for each child, in question 8.  
FURNISH, No. 1 THIS OTHER, No. 2, etc. in question 8.  
McGraw-Hill, Columbia, S. C.