

(1) PLACE OF BIRTH

County of Spokane
Township of
or
Inc. Town of Lyon Mills
or
City of

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

File No. - For State Registrar Only
26322

Registration District No. 4008 Registered No. 226
(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 Mrs. Edna Turner (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Are Parents Married? yes (6) DATE OF BIRTH July 24, 1923
(Name of Month) (Day) (Year)

FATHER.
(7) FULL NAME John H. Turner
(8) PRESENT POSTOFFICE OF FATHER Lyon Mills
(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 37 (Year)
(11) BIRTHPLACE Mills Springs N.C.
(12) OCCUPATION mill operator

(13) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Mrs. Mary H. Hafford
(15) PRESENT POSTOFFICE OF MOTHER Lyon Mills
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Year)
(18) BIRTHPLACE Stalwart Grove S.C.
(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P.M.)

(22) (Signature) G. M. Nelson, M.D.
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed July 11, 1923 (27) Mrs. 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.