

USE PREPARED BLANK FOR EACH CHILD, and mark the
No. 1. THE OTHER, No. 2, etc., in question 1

(1) PLACE OF BIRTH

County of Urban
Township of Langley
or
Inc. Town of
or
City of Langley

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only
5889

Registration District No. 217A Registered No. 23
(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 Franklin Sylvester Earnest
child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 10 1923
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Franklin Sylvester Earnest MOTHER. (9) NAME BEFORE MARRIAGE Franca Elizabeth Mays

(10) PRESENT POSTOFFICE OF FATHER Langley, S.C. (11) PRESENT POSTOFFICE OF MOTHER Langley, S.C.

(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 26 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 22

(16) BIRTHPLACE Scharbooth, N.C. (17) BIRTHPLACE Monroe Co. Ga.

(18) OCCUPATION Harver cotton mill (19) OCCUPATION Teetle

(20) Number of children born to mother, including present birth 1 (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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Turnbull, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Granville

(Given name added from a supplemental report)

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

(27) Filed Feb 17 1923 (28) L. W. Spradley 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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