

(1) PLACE OF BIRTH

County of *Anderson*Township of *Centon*

or

Inc. Town of

or

City of *Centon, S.C.*

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. *12872*Registration District No. *310* Registered No. *50*
(For use of Local Registrar)

(2) Full Name of Child

Harold Earl Turner (If child is not yet named, make supplemental report as directed)

(1) SEX <i>Boy</i>	(4) Type or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age <i>4</i>	(7) DATE OF BIRTH <i>5-13-23</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>J. B. Turner</i>			(13) NAME BEFORE MARRIAGE <i>Miss Holmes</i>	
(9) PRESENT POST OFFICE OF FATHER <i>Centon, S.C.</i>			(14) PRESENT POST OFFICE OF MOTHER <i>Centon, S.C.</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>30</i> (Year)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>31</i> (Year)	
(12) BIRTHPLACE <i>Greenville Co., S.C.</i>		(15) BIRTHPLACE <i>Greenville Co., S.C.</i>		
(13) OCCUPATION <i>Textile operator</i>		(16) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>4</i>		(21) Number of children of this mother now living, including present birth <i>4</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* *10 a.m.*
on the date above stated. (Survived) (Hour A. M. or P. M.)(23) (Signature) *C. C. Nolan*(24) State whether Physician or Midwife *Physician*Given name added from a supplement-
tal report(25) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(26) Signed *June 11, 1923* (27) *H. H. L. ...* Local RegistrarWhen 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.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.