

(1) PLACE OF BIRTH

County of LacharTownship of Amelia

In. Town of

City of

(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

Registration District No. 820

File No. - For State Registrar Only

376

Registered No. 4
(For use of Local Registrar)(2) Full Name of Child Eula Turkron

If child is not yet named, make supplemental report as directed

(3) SEX OR

GIRL

(4) Twin

or Triplet

(5) Number in

order of birth

(6) Age

at birth

(7) DATE OF

BIRTH

(Month)

(Day)

(Year)

FATHER.

(8) FULL

NAME Louis Turkron

(9) PRESENT

POSTOFFICE OF FATHER St. Matthews

(10) COLOR

OR RACE Negro

(11) AGE AT LAST

BIRTHDAY 34

(Year)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE

MARRIAGE Paul Palmer

(15) PRESENT

POSTOFFICE OF MOTHER St. Matthews

(16) COLOR

OR RACE Negro

(17) AGE AT LAST

BIRTHDAY 35

(Year)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farmer

(20) Number of children born to

mother, including present birth

5

(21) Number of children of this mother

now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Florence Lawrence

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeSt. Matthews

Give name added from a supplemental report

(26) Witness

A. R. Rabe

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

(27) Date

27.10.23

(28)

A. R. Rabe

Local Registrar

19
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.