

## (1) PLACE OF BIRTH

County of HorryTownship of Floyd

or

Inc. Town of .....

or

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

File No.—For State Registrar Only

30764

Registration District No. 2508Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child Gary Turner

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 16, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Willis Turner(9) PRESENT POSTOFFICE OF FATHER Nichols SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Marion Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia Powell(15) PRESENT POSTOFFICE OF MOTHER Nichols SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Horry Co SC(19) OCCUPATION Domestic(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 live at 4:30 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Floyd(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Fair Bluff SC

Given name added from a supplemental report

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

(27) Filed Sept 20 1922 (28) G. T. DeBore 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.