

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokee

Inc. 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 HealthNo. 37660 — For State Registrar OnlyRegistration District No. 400-2 Registered 124

(For use of Local Registrar)

(2) Full Name of Child Ruby Katharine Turner If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet No To be answered only in case of Twin or Triplet (5) Age at birth yes (6) DATE OF BIRTH Oct 15 1923 (Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME James Turner(8) PRESENT POSTOFFICE OF FATHER Norris N.C. R1(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 25 (Year)(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Iris May Emery(15) PRESENT POSTOFFICE OF MOTHER Norris N.C. 1(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. T. Head M.D. (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Campbell S.C.

(25) Given name added from a supplemental report

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

(27) Filed Nov 10 1923 (28) E. Beckwith 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.

\*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.

THIS IS A PERMANENT RECORD. IN THE EVENT OF A CHANGE OF ADDRESS, THE REGISTRAR SHALL BE NOTIFIED. IN THE EVENT OF A CHANGE OF ADDRESS, THE REGISTRAR SHALL BE NOTIFIED. IN THE EVENT OF A CHANGE OF ADDRESS, THE REGISTRAR SHALL BE NOTIFIED.