

(1) PLACE OF BIRTH

County of Spartanburg

Township of " "

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

5201

Registration District No. 40-A Registered No. 77
(For use of Local Registrar)

(No. " " St.; " " Ward)

(2) Full Name of Child " " (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Type or Type " " (5) Status in order of birth 1 (6) Age 24 (7) DATE OF BIRTH Jan 19 1929
(Month of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jno Turner
(9) PRESENT RESIDENCE OF FATHER Spartanburg S.C.
(10) COLOR OR RACE neg (11) AGE AT LAST BIRTHDAY 37 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Rail Road
(14) Number of children born to mother, including present child 5

MOTHER.
(14) NAME BEFORE MARRIAGE Ann Smith
(15) PRESENT RESIDENCE OF MOTHER Spartanburg S.C.
(16) COLOR OR RACE neg (17) AGE AT LAST BIRTHDAY 20 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present child 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was alive at 3:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(22) (Signature) Jno Turner
(23) State whether Physician or Midwife " " (24) Address of Physician or Midwife Spartanburg S.C.

(25) Witness " " (signature of witness necessary only when question is signed by birth)
(26) Filed 3-1-29 (27) Jno Turner