

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Upstate
 Township of Upstate
 Inc. Town of
 City of

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

No. for Local Registrar Only
3451

Registration District No. 1306 Registered No. 17....
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 11 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Tom Turner
 (9) PRESENT RESIDENCE OF FATHER Tagland S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 11

MOTHER
 (14) NAME BEFORE MARRIAGE Rosa Porter
 (15) PRESENT RESIDENCE OF MOTHER Tagland S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House-keeping
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 7h M., on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. P. Thomas
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tagland S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7/10 1923 (28) G. K. Ruff 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.
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