

(1) PLACE OF BIRTH

County of Newberry
 Township of Whitman
 or
 Inc. Town of Whitman
 or
 City of Whitman

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

No. 4670

Registration District No. 3402 Registered No. 9
 (For use of Local Registrar)

City of Whitman (No. 9 St. 9 Ward 9)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 17, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Turner
 (9) PRESENT POSTOFFICE OF FATHER Whitman
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Newberry Co
 (13) OCCUPATION Building Works
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Roberta Crawford
 (15) PRESENT POSTOFFICE OF MOTHER Whitman
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Newberry Co
 (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 Alive (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) E. J. A. Ruel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Whitman

Given name added from a supplemental report

Witness

(Signature of Witness necessary only when question 22 is signed by mark)

Date Feb 26, 23 (26) R. M. Shuck (27) Registrar

*When this report is made, the Registrar, etc., should make this return. If a child is stillborn, the report is desired of stillbirths.