

(1) PLACE OF BIRTH

County of BerklyTownship of St. Thomasor
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 HealthRegistration District No. 707 Registered No. 29
(For use of Local Registrar)(2) Full Name of Child Geo. Turner (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER Male (4) TYPE or TRIPLE Yes (5) DATE OF BIRTH July 23
(To be answered only in case of Triple or Triplets)FATHER
(14) NAME BEFORE MARRIAGE Geo. Turner(15) PRESENT RESIDENCE OF FATHER Wando S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Berkly(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1MOTHER
(14) NAME BEFORE MARRIAGE Nancy Garrison(15) PRESENT RESIDENCE OF MOTHER Wando S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Berkly S.C.(19) OCCUPATION at Home(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (How A, B, or F. M.)
on the date above stated.(23) (Signature) Grace Bennett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wando 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 July 27, 1923 (28) 20 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.