

(1) PLACE OF BIRTH

County of HenryTownship of 33rd Ave.or
Inc. Town ofor
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

File No.—For State Registrar Only

19000

Registration District No. 2500Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child W. A. Turner

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth one(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fannie Turner(9) PRESENT POSTOFFICE OF FATHER Albion S.C. B-3(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Priddy Co N.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Santa Ward(15) PRESENT POSTOFFICE OF MOTHER Albion S.C. B-3(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Henry Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born... Alive... at 5:00 A.M.,
on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)(23) (Signature) Hen E. Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Albion S.C. B-3

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) June 29 1922 (28) J. E. Beece
Registrar 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.