

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH.

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register Only

28120

Registered No. 38  
(For use of Local Registrar)

Registration District No. 1700

(No. St. Ward)

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

## (2) Full Name of Child

Francis Marion Turnbester

(3) SEX  
Boy(4) Twin or Triplet  
To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age Person Married 30

(7) DATE OF BIRTH  
Sept 6 23  
(Month) (Day) (Year)(8) FULL NAME OF FATHER  
Eugene Turnbester(14) NAME OF MOTHER  
Catharine Blocker(9) PRESENT POSTOFFICE OF FATHER  
Ridgville, S.C.(15) PRESENT POSTOFFICE OF MOTHER  
Ridgville, S.C.(10) COLOR OR RACE  
White(11) AGE AT LAST BIRTHDAY  
32  
(Years)(16) COLOR OR RACE  
White(17) AGE AT LAST BIRTHDAY  
34  
(Years)(12) BIRTHPLACE  
So. Car.(18) BIRTHPLACE  
So. Car.(13) OCCUPATION  
Farmer(19) OCCUPATION  
Domestic(20) Number of children born to mother, including present birth  
6(21) Number of children of this mother now living, including present birth  
6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* *10 a.m.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *T. E. Dars.*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Ridgville, S.C.*

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed *Sept 5 23* (28) *E. A. T. Johnston*  
Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.