

## (3) PLACE OF BIRTH

County of Willam  
 Township of Hills  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

31943

Registration District No. 1603 Registered No. 146  
 (For use of Local Registrar)

(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 Rowland L. Turner (If name is not yet named, make supplemental report as directed)

(1) SEX OR GUY by (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15 23  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Rowland L. Turner</u>	(14) NAME BEFORE MARRIAGE <u>Julia Calder</u>	(15) PRESENT POSTOFFICE OF FATHER <u>York SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York SC</u>
(16) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>	(17) AGE AT LAST BIRTHDAY <u>44</u>
(18) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Sells(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife York SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 1 1923(28) J. J. Sells

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.