

PLACE OF BIRTH

County of Franklin
 City of Chicago
 or
 Town of

CERTIFICATE OF BIRTH

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

32582

Registration District No. Registered No. 129
 (For use of Local Registrar)

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

Full Name of Child

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

(1) Sex of Child <u>Girl</u>		(2) Date of Birth <u>7-14-23</u>	
(3) Full Name of Father <u>Louis E. Turner</u>		(4) Full Name of Mother <u>Nobelle Turner</u>	
(5) Present Residence of Father <u>Chicago</u>		(6) Present Residence of Mother <u>Chicago</u>	
(7) Color of Child <u>White</u>	(8) Age at Last Birthday <u>29</u>	(9) Color of Child <u>White</u>	(10) Age at Last Birthday <u>30</u>
(11) Birthplace <u>Illinois</u>		(12) Birthplace <u>Illinois</u>	
(13) Occupation <u>Farmer</u>		(14) Occupation <u>Housewife</u>	
(15) Number of children born to mother, including present birth <u>Seven</u>		(16) Number of children of this mother now living, including present birth <u>Seven</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was
 on the date above stated.
 (18) (Signature) [Signature]
 (19) State whether Physician or Midwife Midwife
 (20) Address of Physician or Midwife Chicago

Given name added from a supplemental report

(21) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (22) Filed Oct 23 1923 (23) [Signature] 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.

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