

## (1) PLACE OF BIRTH

County of Edgefield

Township of .....

or  
Inc. Town of Edgefield

or

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

No. 1a.—For State Registrar Only

17494

Registration District No. 8. A. Registered No. 16

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Patti Lou Turner (If child is not yet named, make supplemental report as directed)

|                                |  |                              |                                      |  |
|--------------------------------|--|------------------------------|--------------------------------------|--|
| (1) BOY OR GIRL<br><u>Girl</u> | (2) Type of Triplet<br>To be answered only in event of Twins or Triplets | (3) Number in order of birth | (4) Are French Married<br><u>yes</u> | (5) DATE OF BIRTH<br><u>June 1, 1923</u><br>(Month) (Day) (Year) |
|--------------------------------|--|------------------------------|--------------------------------------|--|

## FATHER.

(6) FULL NAME M. C. Turner(7) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 48 (Year)(10) BIRTHPLACE Edgefield Co(11) OCCUPATION Septile(12) Number of children born to mother, including present birth 11

## MOTHER.

(13) NAME BEFORE MARRIAGE Minnie Turner(14) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 48 (Year)(17) BIRTHPLACE Edgefield Co(18) OCCUPATION House wife(19) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on June 1, 1923, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) A. K. Richardson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed 7/10/1923 (26) A. K. Richardson 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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