

(1) PLACE OF BIRTH

County of Saluda  
Township of #4  
or  
Inc. Town of .....

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

No. 10024

Registration District No. 2903. Registered No. 37  
(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.)

(2) Full Name of Child

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

(3) SEX MALE (4) Type of Triplet — (5) Number in order of birth 1 (6) Age 7 (7) DATE OF BIRTH June 26, 23  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Arthur Turner jr

(14) NAME BEFORE MARRIAGE Sophelia Rowe

(9) PRESENT POSTOFFICE OF FATHER Saluda R #4

(16) PRESENT POSTOFFICE OF MOTHER Saluda R #4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
(Year)

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Year)

(12) BIRTHPLACE Cadyfield County

(15) BIRTHPLACE Saluda County

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(21) Number of children born to mother, including present birth 4

(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 .....

(23) (Signature) J. W. Turner

(24) State whether Physician Physician

(25) Address of Physician Saluda, S.C.

Given name added from a supplemental report

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

(27) Signed July 9, 1923 (28) Mavis Grant 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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