

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Spartanburg

(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

File No.—For State Registrar Only

16622

Registration District No. 40-a Registered No. 212

(For use of Local Registrar)

(No. 513 arch) St. 6

Ward

(2) Full Name of Child Ruth Turner

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 5-15-22

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Turner

(14) NAME BEFORE MARRIAGE Maud Cole

(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE Turner

(18) BIRTHPLACE Turner

(13) OCCUPATION Teacher

(19) OCCUPATION Dom

(20) 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 alive

(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) J. M. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

L.A.R. Turner
affid. 9/2/23
Registrar

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

(27) Filed 6-1-22 Jas. Copes 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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RECORDS OF SOUTH CAROLINA, COLUMBIA, S. C.