

IF A PRESENT REPORT IS MADE FOR THIS CHILD, AND MARK THE
 SPACES OR TRIPLET'S AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of Georgetown
 Township of H. S.
 OF
 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
28410

Registration District No. 2104 Registered No. 34
 (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 Elizabeth Turner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 5</u> 19 <u>23</u> (Month) (Day) (Year)
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FATHER.
 (8) FULL NAME Jack Turner
 (9) PRESENT POSTOFFICE OF FATHER Rhodes St
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Georgetown Co
 (13) OCCUPATION Turner
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Susan Green
 (15) PRESENT POSTOFFICE OF MOTHER Rhodes St
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Georgetown Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Turner
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Rhodes St

(Given name added from a supplemental report)

 19

(26) Witness G. W. Williams
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 15 1923 (28) E. C. 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.