

(1) PLACE OF BIRTH

County of LanternTownship of Lanternor
Inc. Town of

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

File No.—For State Registrar Only

43315

Registration District No. 2904Registered No. 147
(For use of Local Registrar)(2) Full Name of Child Eliza Jane Turner

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 18 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Turner(9) PRESENT POSTOFFICE OF FATHER Watts Mills(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Tenn.(13) OCCUPATION mill operator(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Moore(15) PRESENT POSTOFFICE OF MOTHER Watts Mills(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Tenn.(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at Watts Mills on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Robert H. Wells(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Lantern, S.C.

Given name added from a supplemental report

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Registrar

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

(26) Filed Dec 20 1922 (27) Local Registrar L. E. Bishop

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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