

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

Form No. 6

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Spring*
OF
Inc. Town of
OF
City of
(If birth occurs in a hospital, mother 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. *5856*—For State Registrar Only

Registration District No. *348* Registered No. *2*
(For use of Local Registrar)

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet <i>No</i> To be entered only in case of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Sex <i>Male</i>	(7) DATE OF BIRTH <i>Feb 6, 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>James B. Turner</i>			(14) NAME BEFORE MARRIAGE <i>Lizzie Anderson</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Anderson S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Anderson S.C.</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>31</i> (Year)			(17) AGE AT LAST BIRTHDAY <i>37</i> (Year)	
(12) BIRTHPLACE <i>Pickens S.C.</i>			(18) BIRTHPLACE <i>Springville S.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>9</i>			(21) Number of children of this mother now living, including present birth <i>9</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10 A. M.* on the date above stated.
(Hour of day or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *L. B. Brown*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Anderson S.C.

Given name added from a supplemental report

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

(27) Filed *3/21/23* (28) *L. B. Brown* 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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