

(1) PLACE OF BIRTH

County of Portsmouth
 Township of Southwells
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Register
30116

Registration District No. 40-C

Registered No. 130
 (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 Helen Lucile Turpin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Sept 1 1923
 (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Joe Ed. Turpin
 (8) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 42
 (Year)
 (11) BIRTHPLACE Greenville S.C.
 (12) OCCUPATION Merchant & Farmer
 (13) Number of children born to mother, including present birth 11

MOTHER.
 (14) NAME BEFORE MARRIAGE Fannie Leonard
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
 (Year)
 (18) BIRTHPLACE Spartanburg S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 3 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. J. Chapman

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Greenville S.C.

Given name added from a supplement-
 all report

J. P. Lescroart, Ch. Clerk
7/28/44 19 44
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed or marked)

(26) Filed Sept 1 1923 (27) E. A. Capers 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.