

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for question 5.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lee  
Township of Lynchburg  
or  
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

31045

Registration District No.....

Registered No. 124  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Wilma 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 Sept. 22, 1922  
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME George M. Turner  
(9) PRESENT POSTOFFICE OF FATHER Lynchburg, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Georgia  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Mae Thompson  
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Chesterfield County  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. M. Garrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lynchburg, S.C.

Given name added from a supplemental report

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

(27) Filed 10/1/22 (28) J. F. Whitaker 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.