

(1) PLACE OF BIRTH

County of W. GreenvilleTownship ofInc. Town ofCity 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

No. 10. - for State Registrar Only

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

28585

(2) Full Name of Child Ethel Viola Turner

(3) SEX <u>Female</u>	(4) Type or Triple 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 14, 1923</u> (Name of Month) (Day) (Year)
--------------------------	---	---------------------------------	---	--

FATHER.		MOTHER.	
---------	--	---------	--

(8) FULL NAME <u>Leah Engema Turner</u>	(9) NAME BEFORE MARRIAGE <u>Ethel Engema Barton</u>
---	---

(10) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>.....</u>
--	---

(12) COLOR OR RACE <u>W.</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(14) COLOR OR RACE <u>W.</u>	(15) AGE AT LAST BIRTHDAY <u>33</u> (Years)
---------------------------------------	--	---------------------------------------	--

(16) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>S.C.</u>
--------------------------------	--------------------------------

(18) OCCUPATION <u>Bookkeeper</u>	(19) OCCUPATION <u>Housewife</u>
--------------------------------------	-------------------------------------

(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) <u>[Signature]</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physic <u>Greenville S.C.</u>
--	---	--

Given name added from a supplement report

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

(27) Filed Sept 14, 1923 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.

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.