

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—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 1

Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Rock Spring
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar's Office
42813

Registration District No. 40002

Registered No. 69
 (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 Robert Stephen Turner

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

2) BOY OR
GIRL Boy4) Twin
or Triplet?5) Number in
order of birth 36) Are
Parents
Married? Yes

(7) DATE OF

BIRTH

Sept 6 1923

(Name of month) (Day) (Year)

FATHER.

8) FULL
NAMER. O. Turner9) PRESENT
POSTOFFICE
OF FATHERAcadia, S. C.10) COLOR
OR
RACEWhite11) AGE AT LAST
BIRTHDAY30

(Years)

12) BIRTHPLACE

S. C.

13) OCCUPATION

Textile mill worker20) Number of children born to
mother, including present birthThree14) NAME BEFORE
MARRIAGEOra Fleming15) PRESENT
POSTOFFICE
OF MOTHERAcadia, S. C.16) COLOR
OR
RACEWhite17) AGE AT LAST
BIRTHDAY22

(Years)

18) BIRTHPLACE

S. C.

19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birthTwo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 12:20 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. F. Huganeton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Acadia, S. C.

Given name added from a supplemen-
 tal report

(26) Witness

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

(27) Filed

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(28)

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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 before the fifth month of pregnancy.

AFFIDAVIT

STATE OF South Carolina
COUNTY OF Spartanburg.
Name of child: Robert Stephen Turner,
Place of birth: Arcadia S. C.
Date of birth, Set 6, 1923.
Name of father: R. O. Turner
Maiden name of mother; Owa Fleming.
Race--- White

Personally appeared before me Mrs. Owa Turner
who first being duly sworn says that she is the mother
Robert Stephen Turner, who was born at Arcadia, S. C.
Sept 6th, 1923; that the birth records in the office of the Clerk of
Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:
That the mother's given name appears on the record of his birth as
Owa which should be Owa

and this affidavit is made for the purpose of correcting the errors as herein stated.

sworn to before me this 2nd
day of July, 1941

Walter B. Aiken
Notary Public for S. C.

Mrs Owa Turner