

(1) PLACE OF BIRTH

County of Horry
 Township of Dog Bluff
 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

42976

Registration District No. 25103Registered No. 108
(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hugh G. Turner
 (9) PRESENT POSTOFFICE OF FATHER Galivanto Ferry sc
 (10) COLOR OR RACE Mixed (11) AGE AT LAST BIRTHDAY 61
 (Years)
 (12) BIRTHPLACE Horry Co sc
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Alpha Wilkes
 (15) PRESENT POSTOFFICE OF MOTHER Galivant Ferry sc
 (16) COLOR OR RACE Mixed (17) AGE AT LAST BIRTHDAY 35
 (Years)
 (18) BIRTHPLACE Marlboro Co sc
 (19) OCCUPATION House wif

(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. A. Bass

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Aynor sc

Given name added from a supplemental report

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

(27) Filed Jan 3 23 (28) D. H. Davis 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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