

(1) PLACE OF BIRTH

County of

Township of

In Town of

City of Stonewall

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

(2) Full Name of Child Jessie Pearl Turner (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 27, 1923
(Name of Month) (Day) (Year)

FATHER: (8) NAME BEFORE MARRIAGE Jessie May Turner (9) PRESENT POSTOFFICE OF FATHER Stonewall (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)

MOTHER: (12) NAME BEFORE MARRIAGE Ellie May Turner (13) PRESENT POSTOFFICE OF MOTHER Stonewall (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 19 (Year)

(16) BIRTHPLACE Stonewall, N.C. (17) OCCUPATION Housewife

(18) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 2

(19) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour, A. M. or P. M.)

(20) on the date above stated. (21) (Signature) John H. Bush (22) State whether Physician or Midwife Physician

(23) (Signature) John H. Bush (24) Address of Physician or Midwife Stonewall, N.C.

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) John H. Bush

(26) Filed Mar 7, 1923 (27) Local Registrar John H. Bush

(28) 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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