

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of Jackson
 or
 City of Mill
 (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

File No.—For State Registrar Only

26404

Registration District No. 2107BRegistered No. 267
(For use of Local Registrar)(No. 4th St 12 St.; Jackson Mill Ward)

(2) Full Name of Child

Baby Turner

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

3. BOY OR GIRL

girl

4. Twin or Triplet?

(5) Number in order of birth

5

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH 1-31-1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

May I Turner

9. PRESENT POSTOFFICE OF FATHER

4th St 12 Jackson Mill

10. COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

29

(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

millwork

MOTHER.

(14) NAME BEFORE MARRIAGE

Iris Wood

(15) PRESENT POSTOFFICE OF MOTHER

4th St 12 Jackson Mill

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

housework

20. Number of children born to mother, including present birth

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:15 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 1 1922

(28)

Thos. M. M.

Local Registrar

19
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.

before the fifth month of pregnancy.