

(1) PLACE OF BIRTH

County of Greenville

Township of

or
In. Town ofor
City of Greenville

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

35960

Registration District No. 22A Registered No. 577

(For use of local Registrar)

St. Ward)

(2) Full Name of Child Anna Laura Moore If child is not yet named, make supplemental report as directed(3) Male (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept. 28 1922
(Name of Month) (Day) (Year)(8) FULL NAME FATHER. Robert Hearn Turner (14) NAME BEFORE MARRIAGE MOTHER. Berne Butler(9) PRESENT POSTOFFICE OF FATHER Greenville SC (15) PRESENT POSTOFFICE OF MOTHER Greenville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Year) (Year)(12) BIRTHPLACE SC (18) BIRTHPLACE SC(13) OCCUPATION H. R. my life (19) OCCUPATION Home(20) Number of children born to mother, including present birth 6 (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 born alive as born alive or stillborn on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Davis (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 22 is signed by mark)

(27) Filed Oct. 11, 1922 (28) C. E. Smith 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.