

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Cityor  
Inc. Town of .....City of Orangeburg

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

(2) Full Name of Child Mildred Ruth Turner

File No.—For State Registrar Only

31568

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 36 Registered No. 138

(For use of Local Registrar)

(No. 21 Baldwin Ave. St.; ..... Ward)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 11, 1922</u> (Name Month) (Day) (Year)
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## FATHER.

(8) FULL NAME J. W. Turner(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Augusta - Ga.(13) OCCUPATION Saloon-keeper(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE L. Myra Harris(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Ackerman Miss.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. C. ... (24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed Oct 7, 1922 (28) W. H. ... 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.