

(1) PLACE OF BIRTH

County of Sumner
 Township of Chest. Spring
 or
 Inc. Town of
 or
 City of Sum

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

22288

Registration District No. 22.13Registered No. 30
(For use of Local Registrar)

(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 FRANCIS MIRIAN FAYOTEK If child is not yet named, make supplemental report as directed(3) ☐ BOY
☐ GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Ester Turner

(9) PRESENT POSTOFFICE OF FATHER

Sum SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Clerk

MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Smith

(15) PRESENT POSTOFFICE OF MOTHER

Sum SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Sumner Co

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

one

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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 8/10 19 22 (28) W. G. ... 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.

..... Registrar Local Registrar.
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