

(1) PLACE OF BIRTH

County of Greenville  
 Township of Person  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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

18905

Registration District No. 27/14 Registered No. 29  
 (For use of Local Registrar)

(2) Full Name of Child

Early L. Turner

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 19 1890  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt. Dyer Hester  
 (9) PRESENT POSTOFFICE OF FATHER Person  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Greenville SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Marshall Foster  
 (15) PRESENT POSTOFFICE OF MOTHER Person  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Greenville SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John B. Hester

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Person

Given name added from a supplemental report

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

(27) Filed July 10 1892 (28) John B. Hester 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.

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