

(1) PLACE OF BIRTH

County of OregonTownship of White Plainsor
Inc. Town ofor
City of

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

(2) Full Name of Child Pranita Lee Trust

File No.—For State Registrar Only

27633

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 007Registered No. 23

(For use of Local Registrar)

3. BOY OR
GIRL? girl4. Twin
or Triplet? no5. Number in
order of birth 16. Are
Parents
Married? yes7. DATE OF
BIRTH May 10 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME John O. Trust9. PRESENT
POSTOFFICE
OF FATHER White Plains, S.C.10. COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 30
(Years)12. BIRTHPLACE S.C.13. OCCUPATION farmer20. Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Pranita Lee Trust(15) PRESENT
POSTOFFICE
OF MOTHER White Plains, S.C.(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(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 at White Plains, S.C. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John O. Trust(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife White Plains, S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Oct 1 1923(28) John O. Trust

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