

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lancaster

Township of

or Inc. Town of Rich Hill S.C.

or City of

(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

15541

Registration District No. 2806

Registered No. 71
(For use of Local Registrar)

(2) Full Name of Child Fannie Trapp

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

(3) BOY OR GIRL? <u>Boy</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>May 9</u> — 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Andrew Trapp</u>		(14) NAME BEFORE MARRIAGE <u>Linie Trapp</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rich Hill</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Rich Hill S.C.</u>		
(10) COLOR OR RACE <u>Color</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Color</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Rich Hill</u>		(18) BIRTHPLACE <u>Rich Hill S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Saura Trapp
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Placemat Hill 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 May 22 1922 (28) E. F. Hammond
Registrar 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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