

(1) PLACE OF BIRTH

County of Sumter  
 Township of Wilton  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only  
87648

Registration District No. 4-107 Registered No. 116  
 (For use of Local Registrar)

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

(2) Full Name of Child Frank L. Trulwood

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 14 1914  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Isaac Trulwood

(14) NAME BEFORE MARRIAGE Sarah Bern

(9) PRESENT POSTOFFICE OF FATHER Sumter Co

(15) PRESENT POSTOFFICE OF MOTHER Sumter Co

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Sumter Co

(18) BIRTHPLACE Sumter Co

(13) OCCUPATION Farming

(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 1

(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 Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Engie J. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter Co

Given name added from a supplemental report

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

(27) Filed 11-20-1914 (28) L. B. McQueen 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.

MARGIN RESERVED FOR BINDING.  
 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 McCaw, of Columbia.

K O D A