

(1) PLACE OF BIRTH

County of *Sumter*Township of *Shiloh*or
Inc. Town of

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

87648

Registration District No. *4-107*Registered No. *116*

(For use of Local Registrar)

(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?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

*Nov 14**1914*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Isaac Trulwood

(9) PRESENT POSTOFFICE OF FATHER

Shiloh, SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Farming

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

1

MOTHER.

(24) NAME BEFORE MARRIAGE

Sarah Ben

(15) PRESENT POSTOFFICE OF MOTHER

Shiloh, SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

Housework

(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) *Eugene L. L. L.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Shiloh, SC

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. McEwen

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

K O D A