

(1) PLACE OF BIRTH

County of PickensTownship of Central

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

No. 1a.—For State Registrar

33541

Registration District No. 3.2.2Registered No. 184

(For use of Local Registrar)

(2) Full Name of Child

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

(2) SEX OR CHILD <u>Boy</u>	(4) Type of Triplet	(3) Number in order of birth <u>4</u>	(5) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 17th 1923</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Warren Tringit

(9) PRESENT RESIDENCE OF FATHER Central, S.C. R.D.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE Pickens Co. S.C.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Vera Mae Cantrell

(15) PRESENT RESIDENCE OF MOTHER Central, S.C. R.D.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 26

(18) BIRTHPLACE Pickens Co. S.C.

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edward W. Zippin M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Central, 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 Oct 30 1923 (28) J. H. Beardsley Local Registrar

When there was no attending physician or midwife, then the father, householders, 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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