

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
13801

(1) PLACE OF BIRTH

County of Beaufort
 Township of Sheldon
 or
 Inc. Town of
 or
 City of

Registration District No. 6031

Registered No. 38
 (For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Anna Trauplin

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

(3) Girl (4) Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Trauplin
 (9) PRESENT POSTOFFICE OF FATHER Spawasson & C
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE N Carolina
 (13) OCCUPATION Public Work
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Jones
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE North Carolina
 (19) OCCUPATION House Work
 (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 Larry A. Shin at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Darius Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19
 Registrar

(27) Filed

19

(28)

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.