

(1) PLACE OF BIRTH

County of Pickens
Township of Pickens
or
Inc. Town of
or
City of

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

Registration District No. 3706 Registered No. 113
(For use of Local Registrar)

(2) Full Name of Child Frances Maybelle Trotter (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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** Oct 18 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Trotter
(9) PRESENT POSTOFFICE OF FATHER Pickens SC
(10) COLOR OR RACE White **(11) AGE AT LAST BIRTHDAY** 33
(12) BIRTHPLACE Pickens Co (Years)
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Dora Leslie
(15) PRESENT POSTOFFICE OF MOTHER Pickens SC
(16) COLOR OR RACE White **(17) AGE AT LAST BIRTHDAY** 31
(18) BIRTHPLACE Pickens Co (Years)
(19) OCCUPATION Housewife

(20) Number of children born to mother living present birth 1.5 **(21) Number of children of this mother now living, including present birth** 1.5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) A. Williams
(24) State whether Physician or Midwife Physician **(25)** Address of Physician or Midwife Pickens SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. S. Porter
(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.

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