

File No.—For State Registrar Only
74995

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

(1) PLACE OF BIRTH
County of Union
Township of Across Top
or
Inc. Town of St. George
or
City of St. George (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4200 Registered No. 37
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child no name child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>twin</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>aug 21, 1904</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Trammel

(9) PRESENT POSTOFFICE OF FATHER Sedalia St.

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

(12) BIRTHPLACE Union St.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bruntin

(15) PRESENT POSTOFFICE OF MOTHER Sedalia St.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Union St.

(19) OCCUPATION Farmer wife

(21) Number of children of this mother now living, including present birth { 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Mosley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Across Top St.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled191..... (28) Dr. Mosley 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.