

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

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

90110

Registration District No. 2209Registered No. 595

(For use of Local Registrar)

(2) Full Name of Child Juanita Trammell

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be numbered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Olmond Andrew Trammell

(9) PRESENT POSTOFFICE OF FATHER

R.D.H. 2 Greenville S.C.(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Spartanburg Co S.C.

(13) OCCUPATION

Mill Operator

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Gergetta Decker

(15) PRESENT POSTOFFICE OF MOTHER

Doyle(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

30 (Years)

(18) BIRTHPLACE

Reithersford Co N.C.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2209 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phas C. Benson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Travelers Rest S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filled

191.....

(28)

A. H. Mackay 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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