

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 V, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH  
County of Newberry

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

File No.—For State Registrar Only  
**49922**

Township of .....

or  
Inc. Town of .....

or  
City of Newberry

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 34-9 Registered No. 10  
(For use of Local Registrar)

(2) Full Name of Child Mary Francis Trappard

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

(3) BOY OR GIRL Ind.

(4) Twin or Triplet? No (5) Number in order of birth only  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE BIRTH May 23  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Henry C Trappard

(9) PRESENT POSTOFFICE OF FATHER Washington D.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Washington D.C.

(13) OCCUPATION Mail clerk

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ella Belle Duncan

(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Newberry S.C.

(19) OCCUPATION Housewife

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born Mar 6 ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Childers, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Newberry S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed March 10 1916 (28) S. B. Cunningham 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.