

(1) PLACE OF BIRTH

County of LancasterTownship of Sparks

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 21804Registered No. 7526

(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 Ann Ann Trumbull Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>4</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 11 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Trumbull(9) PRESENT POSTOFFICE OF FATHER Lancaster SC 172(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Laborer (Home)(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Stinson(15) PRESENT POSTOFFICE OF MOTHER Lancaster SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour, A. M., or P. M.)(23) (Signature) J. C. Hough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lancaster SC

(Given name added from a supplemental report)

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

(27) Witness 31 1923 (28) J. F. Trumbull 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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