

(1) PLACE OF BIRTH

County of FlorenceTownship of Unionor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Ernest May Trimmings

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>23</u>	(6) Sex <u>Female</u>	(7) DATE OF BIRTH <u>Sept 1 1923</u>
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FATHER.

(8) FULL NAME Ernest May Trimmings

(9) PRESENT POSTOFFICE OF FATHER Pamplico, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer & Saw Milling

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Larry Trimmings

(16) PRESENT POSTOFFICE OF MOTHER Pamplico, S.C.

(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 18 (Year)

(19) BIRTHPLACE S.C.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

on the date above stated.

(23) (Signature) M. W. N.(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Pamplico

Given name added from a supplemental report

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

(27) Filed 1923 (28) Trimmings Local Registrar

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Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.