

11/20/42

22 049381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH County of <u>Richland.</u> Township of _____ or Inc. Town of _____ or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>38-a</u>		FILE No.—For State Registrar Only 04932	
2. FULL NAME OF CHILD <u>George Thomas Trogdon.</u>		Registered No. _____ (For use of Local Registrar)		Ward _____	
3. Boy or Girl Boy	4. Twin, triplet or other births _____	5. Premature _____	6. Are Parents Married? Yes	7. Date of birth May 13th	8. 22 (Month, day, year)
9. Full name of FATHER Milton Monroe Trogdon.			18. Name before marriage MOTHER Oppie Belle Andrews.		
10. Residence (mailing address) (If non-resident, give place and State) Aynor, S. C.			19. Residence (mailing address) (If non-resident, give place and State) Aynor, S. C.		
11. Color or race White.	12. Age at child's birth 29 (years)	20. Color or race White	21. Age at child's birth 27 (years)		
13. Birthplace (city or place) (State or country) Siler City, N. C.		22. Birthplace (city or place) (State or country) Siler City, N. C.			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Saw Mill.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Domestic.			
16. Date (month and year) last engaged in this work Now.		17. Total time (years) spent in this work 2		25. Date (month and year) last engaged in this work _____	
19. _____		26. Total time (years) spent in this work 6		19. _____	
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____ Before labor _____ During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at **10:00** P. m. on the date above stated.

(Signed) Oppie Trogdon, Parent
or _____, Guardian

Address _____
Filed **December 7**, 19**42** **M. B. Woodward, M.D.**
Registrar.

Registrar.