

Form No. 1

(1) PLACE OF BIRTH

County of B. F.Township of H. H. H. H. H.

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

29047

Registration District No. 604 Registered No. 121
(For use of Local Registrar)(2) Full Name of Child Brookline Trapp (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 9/29/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Trapp(9) PRESENT POSTOFFICE OF FATHER Frogmore(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Chaplin(15) PRESENT POSTOFFICE OF MOTHER Frogmore(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House Laborer(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 alive at H. A. M. on the date above stated. (Born live or stillborn)* (Hour A. M. or P. M.)(23) (Signature) E. L. Jenkins

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

Given name added from a supplemental report

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

(27) Filed 9/29/22 J. D. Thomas 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.

FIRST-BORN NO. 1. THE OTHER, NO. 2, etc., in question 5.
RECEIVED OF COLUMBIA, COLUMBIA, S. C.