

(1) PLACE OF BIRTH

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County of Lee

Township of Lynchburg...

Inc. Town of.....

OF

City of .....  
(If birth occurs in a hospital)

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

(2) Full Name of Child

**File No.—For State Register**

~~31050~~

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

**State Board of Health**

Registration District No. 3002

Registered No. ....  
(For use of Local Registrar)

St: ..... Ward)

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

3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(5) Are Parents Married?

17) DATE OF

BIRTH *Sept.*....*28*....*1927*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Lamir Hernandez A. Trujillo

(9) PRESENT POSTOFFICE OF FATHER *Elliott* *SE*

(10) COLOR OR *white* (11) AGE AT LAST BIRTHDAY *40*  
(Yrs)

(12) BIRTHPLACE  
Kershaw Co. S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth 15

**MOTHER**

(10) NAME BEFORE MARRIAGE Adri. Alvin Almon

(15) PRESENT POSTOFFICE OF MOTHER *Ellisville SC*

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

(18) BIRTHPLACE  
Llano, S.C.

(19) OCCUPATION

Lammewer

(21) Number of children of this mother now living, including present birth ( 5 )

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) J. L. Humphreys, M.D.

(23) State whether Physician or Midwife

Given name added from a supplemental report

(20) Witness ..... (Signature of Witness necessary only  
when question 23 is signed by mark) +

(27) Filed 9/29 1922 (28) J. F. [Signature]  
Local Registrar.

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.