

(1) PLACE OF BIRTH

County of LancasterTownship of Camdenor
Inc. Town ofor
City of(No. St. Ward)
(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

1754

Registration District No. 27th Registered No. 5
(For use of Local Registrar)(2) Full Name of Child Ida Delila Trussdelle

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 5-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ruben Trussdelle(9) PRESENT POSTOFFICE OF FATHER Heath Spring S.C.(10) COLOR col (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Lancaster co(13) OCCUPATION Public work(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Hollis(15) PRESENT POSTOFFICE OF MOTHER Heath Spring S.C.(16) COLOR col (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Lancaster co(19) OCCUPATION Household(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Heath Spring S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Easter Turner(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Heath Spring S.C.

Given name added from a supplemental report

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

(27) Filed Jan 11-1922 (28) E. F. Hammond
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.