

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairview

or

Inc. Town of Mountain Inn

or

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

40082

Registration District No. 2-06Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child Hannie Lucile Trinsley

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

(3) ~~Boy or Girl?~~ Girl (4) Twin or Triplet? 1 (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Lee Trinsley(9) PRESENT POSTOFFICE OF FATHER Mountain Inn S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)(12) BIRTHPLACE Hernwood Co. N. C.(13) OCCUPATION Keen on Cotton Mill(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Ann Rice(15) PRESENT POSTOFFICE OF MOTHER Mountain Inn S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Madison Co. N. C.(19) OCCUPATION Housewife(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 7:45 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John P. Allen M.D.

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

Physician Mount. Inn S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 10 1917 (28) J. B. Duckett 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.

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