

FORM NO. 2  
 MARRIAGE RECORD, WITH UNPAID INK—THIS IS A PERMANENT RECORD.  
 N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.  
 McCaw, of Columbia

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Greenville  
 OR  
 Inc. Town of Greenville  
 OR  
 City of Greenville  
 (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  
**52293**

Registration District No. 22 A Registered No. 105  
 (For use of Local Registrar)  
 City of Greenville (No. 235 Trulberg St.)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Ben. H. Trulberg If child is not yet named, make supplemental report as directed

(3) BOY ☒ GIRL ☐ (4) Twin or Triplet? ☐ (5) Number in order of birth 2 (6) Are Parents Married? ☒ (7) DATE OF BIRTH 3 19 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Ben. H. Trulberg  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Fairfield county  
 (13) OCCUPATION R.R.  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Flora Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Greenville S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child who was at at 3 20 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) A. C. Boyd  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Mar 19 1916 (28) E. L. Smith 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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