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FILE No.—For State Registrar Only

0135

1. PLACE OF BIRTH
 County of Worcester
 Township of
 or
 Inc. Town of St. George
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1703 Registered No. 90
 (For use of Local Registrar)2. FULL NAME OF CHILD Abelle Trujillo (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl If Plural births 1 4. Twin, triplet or other..... 6. Premature Yes 7. Are Parents Married Yes 8. Date of birth September 28, 1916
 (Month, day, year)

9. Full name Allen Trujillo FATHER 18. Name before marriage Meyas Arvinges MOTHER

10. Residence (mailing address) St. George S.C. 19. Residence (mailing address) St. George
 (If non-resident, give place and State)

11. Color of face Caramel 12. Age at last birthday 54 (Years) 20. Color of face Caramel 21. Age at last birthday 45 (Years)

13. Birthplace (city or place) Orangeburg 22. Birthplace (city or place) Orangeburg
 (State or country) South Carolina (State or country) South Carolina

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) 10 (a) Born alive and now living 8 (b) Born alive but now dead 4 (c) Stillborn.....

28. If stillborn, months weeks 29. Cause of stillbirth.....
 Before labor.....
 During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated.
 (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at M. on above date.....
 (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from
 a supplementary report..... (Date of)

(Signed)..... M.D.

or Madeline D. Dutton Midwife.

Address St. George S.C.

Filed July 15, 1939 Wm. M. Williams Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)