

(1) PLACE OF BIRTH

County of FarfieldTownship of Monticelloor Inc. Town of Monticelloor (City of S.C.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

17584

Registration District No. 15Registered No. 26
(For use of Local Registrar)(No. 15 St. 15 Ward)

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

(2) Full Name of Child

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

3. BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth 6(6) Are Parents Married Yes(7) DATE OF BIRTH June 18, 1923

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John T. Trap9. PRESENT POSTOFFICE OF FATHER Camden SC

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

12. BIRTHPLACE

13. OCCUPATION Teacher20. Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Miss. T. Trap(15) PRESENT POSTOFFICE OF MOTHER Camden SC

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 6 P. M. on the date above stated. (Born alive or stillborn: (Hour A. M. 6 P. M.))(23) (Signature) Mary P. P.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 30, 1923(28) 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.