

(1) PLACE OF BIRTH

County of NewberryTownship of NE. 11.

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthNo. 29438 - For State Registrar Only

29438

Registration District No. 3404 Registered No. 34
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Harace Trapp If child is not yet named, make supplemental report as directed

(3) SEX OR CONDITION (4) Twin or Triplet (5) Number in order of birth (6) Age Parents Married (7) DATE OF BIRTH (Month) (Day) (Year)

FATHER.

(8) FULL NAME Harace Trapp

(9) PRESENT POSTOFFICE OF FATHER Strath

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE Strath

(13) OCCUPATION Farming

(14) NAME BEFORE MARRIAGE Lige Thompson

(15) PRESENT POSTOFFICE OF MOTHER Strath

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE Strath

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth Two

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Date A. M. or P. M.)
on the date above stated.(23) (Signature) William J. Lister (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 9/31 1923 (28) R. J. Johnson 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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