

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of # 2or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37495

Registration District No. 3901Registered No.
(For use of Local Registrar)(2) Full Name of Child Florence Trotter
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

July 31, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

 Rufus Trotter

(9) PRESENT POSTOFFICE OF FATHER

Monetta

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE

Saluda Co

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Myrtle B. Stley

(15) PRESENT POSTOFFICE OF MOTHER

Monetta

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE

Saluda Co

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. H. Brunson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bridge Spring

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 8, 1922 (28) Mr. J. S. G. W. W. W.
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

Bureau of Census, Columbia, S. C.