

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of
or
City of *Charleston*

(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

27424

Registration District No. *9A*

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Minam Lee Trinne

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

(3) SEX
M F(4) Twin
or triplet? *X*(5) Number in
order of birth *X*

To be answered only in event of Twin or triplets

(6) Are Parents
Married? *Yes*(7) DATE OF
BIRTH *Sept. 25, 1923*

Name of Month (day) (Year)

(8) FULL
NAME*Joseph Davis Trinne*(9) PRESENT
POSTOFFICE
OF FATHER*Fort Terminal*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *27*

(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Shipping Clerk(14) Number of children born to
father, including present birth*Three*(14) NAME BEFORE
MARRIAGE*Rattie Walters*(15) PRESENT
POSTOFFICE
OF MOTHER*Fort Terminal*(16) COLOR
OR
RACE *White*(17) AGE AT LAST
BIRTHDAY *28*

(Years)

(18) BIRTHPLACE

Beckley, W. Va.

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birth*Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *Fort Terminal* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Joseph Davis Trinne*

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

When made added from a supplement
report

101

Registrar

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(26) Filed

*3**19123**1923**J. Davis Trinne*

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.