

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Spartanburg  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

22831

Registration District No. 4006 Registered No. 53  
 (For use of Local Registrar)

(2) Full Name of Child Evelyn Ruth Trent (No. .... St. .... Word) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. SEX OF CHILD Girl (1) Twin or Triplet No (2) Number in order of birth 1 (3) Age of Child Yes (4) DATE OF BIRTH 7-13-23 (Name of Month) (Day) (Year)

FATHER.  
 (5) FULL NAME Brownlow Trent  
 (6) PRESENT POSTOFFICE OF FATHER Trough S.C.  
 (7) COLOR OR RACE White (8) AGE AT LAST BIRTHDAY 21 (Year)  
 (9) BIRTHPLACE Tenn.  
 (10) OCCUPATION Mill oper.

MOTHER.  
 (11) NAME BEFORE MARRIAGE Ann Sawyer  
 (12) PRESENT POSTOFFICE OF MOTHER Trough S.C.  
 (13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 21 (Year)  
 (15) BIRTHPLACE N.C.  
 (16) OCCUPATION Housewife

20 Number of children born to mother, including present birth 1 (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 born alive (Born alive or stillborn) (Date A. M. or P. M.) 4:49 P.M.  
 on the date above stated.

(23) (Signature) N. L. Kirkpatrick (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Trough S.C.

Given name added from a supplemental report

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

(27) Filed 8-10-23 (28) M. W. Brown 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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