

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Bushy Creek*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
80091

Registration District No. *3.2.2* Registered No. *107*
(For use of Local Registrar)
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 *Mary Rosaline Trotter*

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Aug. 27, 1916*
(Name of Month) (Day) (Year)

To be answered only in event of twins or triplets

(8) FULL NAME OF FATHER *Wm H Trotter*

(14) NAME BEFORE MARRIAGE *Addie Friendly*

(9) PRESENT POSTOFFICE OF FATHER *Wesley S C, R #3*

(15) PRESENT POSTOFFICE OF MOTHER *Wesley S C, R #3*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39*
(Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38*
(Years)

(12) BIRTHPLACE *Pickens Co S C*

(18) BIRTHPLACE *Pickens Co S C*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *House Keeper*

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *J. J. Rosmond M. D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wesley S C R #3*

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 22 is signed by male)

(27) Filled *Aug 28 1916* (28) *J. J. Rosmond* 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.

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.

FORM 10-1-16
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCraw, of Columbia.