

(1) PLACE OF BIRTH

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

City of

(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

80091

Registration District No. *3.2.2* Registered No. *107*

(For use of Local Registrar)

St.; Ward

(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

To be answered only in event of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH *Aug. 22, 1916*

(Name of Month) (Day) (Year)

(8) FULL NAME

Wm. H. Trotter

(9) PRESENT POSTOFFICE OF FATHER

Easley S.C. R#3

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY *39*

(Years)

(12) BIRTHPLACE

Pickens Co S.C.

(14) NAME BEFORE MARRIAGE

Addie Friendly

(15) PRESENT POSTOFFICE OF MOTHER

Easley S.C. R#3

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY *38*

(Years)

(18) BIRTHPLACE

Pickens Co S.C.

(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. (Hour A. M. or P. M.)

(23) (Signature)

J. D. Rosmond M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Easley S.C. R#3

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed *Aug 28 1916*

(28)

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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