

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 8.

(1) PLACE OF BIRTH

County of Anderson
Township of Anna
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

84281

Registration District No. 307 Registered No. 155
(For use of Local Registrar)

(No. 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

John Trapp

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH Nov 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John David Trapp
(9) PRESENT POSTOFFICE OF FATHER Anna Petri St.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Anderson Co S.C.
(13) OCCUPATION Mill
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Vera Karley
(15) PRESENT POSTOFFICE OF MOTHER Anna Petri St.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Anderson Co S.C.
(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 10:15 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Seawright
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anna Petri St.

Given name added from a supplemental report

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

(27) Filed Nov 30 1916 (28) J. A. Williams
Registrar 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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H. W. Seawright