

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only  
71014

(1) PLACE OF BIRTH

County of

Abb

Township of

Dun West

or

Inc. Town of

or

City of

Registration District No. 106

Registered No. 41

(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

Walter Trapp

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

(3) BOY OR GIRL?

Boy

(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. 11, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Trapp

(9) PRESENT POSTOFFICE OF FATHER

Dun West S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Effie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Dun West S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Fried Land

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

9

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 9 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

George Trapp

(24) State whether Physician or Midwife

Father

(25) Address of Physician or Midwife

Dun West S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed

1916

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.