

MARGIN RESERVED FOR BINDING.

WHITE 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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Beaufort
Township of Allendale
or
Inc. Town of
or
City of

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

Registration District No. 570

File No. For State Registrar Only
88420

Registered No. 171
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert H. Trill

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 (6) Are Parents Married? ye (7) DATE OF BIRTH Dec 23 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Trill
(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Hettie Simms
(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizette Anglover
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 26 1916 (28) F. H. Boyd 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.