

(1) PLACE OF BIRTH

County of FairfieldTownship of 12

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
20880Registration District No. 1912 Registered No. 11
(For use of Local Registrar)(No. St.; Word)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Louise Trapp If child is not yet named, make supplemental report as directed(6) SEX OR GUILD ✓ (7) DATE OF BIRTH July 21, 1923
(8) Twin or Triplet yes (9) Number in order of birth 1 (10) Are Parents Married yes (11) Name of Mother (Day) (Year)

FATHER.		MOTHER.	
(12) FULL NAME	<u>Lawrence Trapp</u>	(14) NAME BEFORE MARRIAGE	<u>Lela Smith</u>
(13) PRESENT POSTOFFICE OF FATHER	<u>Strother SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Strother SC</u>
(16) COLOR OR RACE	<u>negro</u>	(17) AGE AT LAST BIRTHDAY	<u>23</u>
(18) BIRTHPLACE	<u>Fairfield Co</u>	(19) BIRTHPLACE	<u>Fairfield Co</u>
(20) OCCUPATION	<u>Farmer</u>	(21) OCCUPATION	<u>Farm Hand</u>
(22) Number of children born to mother, including present birth	<u>3</u>	(23) Number of children of this mother now living, including present birth	<u>3</u>

(24) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(25) (Signature) Lenie Boyce
(26) State whether Physician or Midwife X (27) Address of Physician or Midwife Darwin SC(28) Witness (Signature of Witness necessary only when question 23 is signed by mark) H. E. Deffenb
(29) Filed Aug 22 (30) H. E. Deffenb 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.