

Form No. 1

(1) PLACE OF BIRTH

County of Colleton  
 Township of Glover  
 or  
 Inc. Town of Cougeville  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41860

Registration District No. 1805 Registered No. 15  
 (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 Virginia Clare Trimmer

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 26 22  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME P. T. Trimmer  
 (9) PRESENT POSTOFFICE OF FATHER Cougeville  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42  
 (Years)  
 (12) BIRTHPLACE P.C.  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Perry  
 (15) PRESENT POSTOFFICE OF MOTHER Cougeville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (18) BIRTHPLACE P.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. Williams ind.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cougeville S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10 1923 (28) W. W. Anderson 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.

WRITE PLAINLY. WITH UNFADING INK.—FILL IN A PREPARATION 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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.