

See Vol. 29 - # 24466

RECORD OF BIRTHS FOR EACH CHILD, and mark the FIRST-BORN No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		17334	
Township of <u>Chesapeake</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>D-1-2</u>		Registered No. <u>10</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Mary Ann Trotter</u>		If child is not yet named, make supplemental report as directed.			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30 1922</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Rufus Henry Trotter</u>			(14) NAME BEFORE MARRIAGE <u>Myrtle Bartley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Batesburg Sc</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Saluda co</u>			(18) BIRTHPLACE <u>Saluda co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. Brunson</u>					
(24) State whether <u>Physician</u> or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>July 10 1922</u> (28) <u>H. D. Foelster</u> 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.