

## (1) PLACE OF BIRTH

County of CharlottesvilleTownship of PAInc. Town of PACity of PA

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

Registration District No. 1.2.0.1 Registered No. 841  
(For use of Local Registrar)(2) Full Name of Child Andrew Trichter

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

(3) BOY OR GIRL girl (4) Type or Trade Trichter (5) Number in order of birth 2 (6) Age yes (7) DATE OF BIRTH Jan 4 1923  
(Date of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Columbus Trichter</u>	(14) NAME BEFORE MARRIAGE <u>Lila James</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charlottesville R</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville R</u>
(10) COLOR OR RACE <u>Col</u>	(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>at home</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>9</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) F. J. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by birth)

(27) Place PA (28) Registrar ...

If a child breathes even once, it must not be reported as stillborn. It must be reported as such before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.