

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Colleton

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

905

Township of Slake

Inc. Town of .....

Registration District No. 1402

Registered No. ....

City of .....

(No. ....) (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 Willie Trotty

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 yes Parent Married?

(7) DATE OF BIRTH

Jan 1 1922

## FATHER

(8) FULL NAME Isaac Trotty(9) PRESENT POSTOFFICE OF FATHER Green Pond S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth 2

## MOTHER

(15) NAME BEFORE MARRIAGE Mary Anderson(16) PRESENT POSTOFFICE OF MOTHER Green Pond S.C.(17) COLOR OR RACE Negro(18) AGE AT LAST BIRTHDAY 19 (Years)(19) BIRTHPLACE Col S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Molly Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Green Pond S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 30 1922 (28) B. G. Shippin Deput. 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.

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return.