

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50009

(1) PLACE OF BIRTH

County of DeeTownship of Krower

or

Inc. Town of

or

City of

(No. St.; Ward)

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

Registration District No. 2602Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Marion Trogan

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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan, 21, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Joseph M. Trogan</u>	(14) NAME BEFORE MARRIAGE <u>Kate White</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Med Union</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Med Union</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Dee Co SC</u>	(18) BIRTHPLACE <u>Dee Co SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10:20 P.M. on the date above stated. John M. Knappe (Born alive or stillborn) (Hour A.M. or P.M.)(23) Signature of Physician or Midwife John M. Knappe(24) Address of Physician or Midwife Med Union

Given name added from a supplemental report

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

(27) Filed Mar 9 1916 (28) L. W. Smith 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—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.

Cav. of Columbia

This certificate was not sent in for a report