

## (1) PLACE OF BIRTH

County of S. Russell  
 Township of Danaher  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18782**

Registration District No. 2205 Registered No. 30  
 (For use of Local Registrar)

City of..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. B. Trelkell If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 14, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Osceola Trelkell  
 9) PRESENT POSTOFFICE OF FATHER Toney Creek  
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 12) BIRTHPLACE SC  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 1 2

## MOTHER.

14) NAME BEFORE MARRIAGE Eva Jordan  
 15) PRESENT POSTOFFICE OF MOTHER Toney Creek  
 16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25  
 (Years)  
 18) BIRTHPLACE SC  
 19) OCCUPATION at home  
 21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 15 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. T. Laddard

(24) State whether, Physician 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)

(27) Filed June 19, 1922 (28) W. A. R. Orr 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.

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