

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

28865

## (1) PLACE OF BIRTH

County of AndersonTownship of Warrenor  
Inc. Town of .....or  
City of .....Registration District No. 315Registered No. 63  
(For use of Local Registrar)(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 Savanne Trotter (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl(4) Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 19 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry J. Trotter(9) PRESENT POSTOFFICE OF FATHER Piedmont S C R #1(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lorena Linn(15) PRESENT POSTOFFICE OF MOTHER Piedmont S C R #1(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Mc Chester(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Piedmont #1

Given name added from a supplemental report

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

(27) Filed 7/10 1922 (28) H. L. Casey 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.