

(1) PLACE OF BIRTH

County of Union
Township of Boyanoville
or
Twp. of Boyanoville
or
City of Boyanoville

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

File No. - For State Registrar Only
22815

Registration District No. 4201 Registered No. 31
(For use of Local Registrar)

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

(2) Full Name of Child Yasvita Trammell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Waddy T. Trammell
(9) PRESENT POSTOFFICE OF FATHER Buffalo X. R. F. D.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Year) (12) BIRTHPLACE Union County
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Mollie Foster
(15) PRESENT POSTOFFICE OF MOTHER Buffalo S. C. R. F. D.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Year) (18) BIRTHPLACE Greenville County
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(21) I hereby certify that I attended the birth of this child, who was born alive at 8:45 M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)
(22) (Signature) L. B. Harrison (23) Address of Physician or Midwife Buffalo S. C.
(24) State whether Physician or Midwife

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) L. B. Lee
(26) Filed July 17 19 22 (27) 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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