

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Washington

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

39779

Township of A1

Ina. Town of

Registration District No. 130 Registered No. 31

City of

(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 Ida May Truett

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl(4) Twin or Triplet? -(5) Number in order of birth -(6) Are Parents Married yes(7) DATE OF BIRTH Jan 15 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. E. Truett(9) PRESENT POSTOFFICE OF FATHER Washington R(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 49
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Carter(15) PRESENT POSTOFFICE OF MOTHER Washington R(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother new living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) A. E. Truett(23) State whether Physician or Midwife (24) Address of Physician or Midwife Washington

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed Jan 7 1924

(27)

(28) E. E. Carey
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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