

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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 1.

Form No. 1

(1) PLACE OF BIRTH

County of *Williamsburg*

Township of *Williamsburg*

Inc. Town of *Palmer*

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *32*

No. *30910*

Registered No. *130*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet <i>No</i>	(5) Number in order of birth <i>3</i>	(6) Was born before <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 23, 23</i> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <i>J D Trapp</i>			(9) MOTHER'S FULL NAME <i>Marrie L Darby</i>	
(10) FATHER'S PRESENT OCCUPATION <i>Physician</i>			(11) MOTHER'S PRESENT OCCUPATION <i>Physician</i>	
(12) COLOR OF FATHER <i>White</i>			(13) COLOR OF MOTHER <i>White</i>	
(14) BIRTHPLACE OF FATHER <i>Palmer</i>			(15) BIRTHPLACE OF MOTHER <i>Abbeville County</i>	
(16) OCCUPATION OF FATHER <i>Mill work</i>			(17) OCCUPATION OF MOTHER <i>Damezier</i>	
(18) Number of children born to mother, including present birth <i>Three</i>			(19) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *Alive* on the date above stated.
(Born alive or stillborn) (Date A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name of child *John*

Witness (Signature of Witness necessary only with question 23 is signed by mother)
John 23

Local Registrar
John 23

When this report is made, the father, householder, etc., should make the return to the Bureau. No report is desired of children born in hospital or institution.