

16 093531

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

## 1. PLACE OF BIRTH

County of Dorchester

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Dorchesteror  
Inc. Town of.....or  
City of.....Registration District No. 1702 Registered No. 86  
(For use of Local Registrar)(No. Stallwell Community Ward)

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

## 2. FULL NAME OF CHILD

Mabel Dawson P. Seath (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other..... If Plural births	5. Number, in order of birth.....	6. Premature..... Full term	7. Are Parents Married <u>Yes</u>	8. Date of birth <u>June 19</u> , 19 <u>26</u> (Month, day, year)
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9. Full name <u>Thomas Esau P. Seath</u>	FATHER	18. Name before marriage <u>Marion Della Dawson</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Stallwell, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Stallwell, S.C.</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>45</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>38</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Stallwell, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Stallwell, S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Contractor</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
16. Date (month and year) last engaged in this work <u>June 19, 1926</u>	25. Date (month and year) last engaged in this work <u>June 19, 1926</u>
17. Total time (years) spent in this work <u>20</u>	26. Total time (years) spent in this work <u>20</u>

27. Number of children of this mother (At time of birth and including this child) <u>6</u>	(a) Born alive and now living <u>2</u>	(b) Born alive but now dead <u>1</u>	(c) Stillborn.....
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28. If stillborn, period of gestation.....	months weeks	29. Cause of stillbirth.....	Before labor..... During labor.....
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 11 A. m. on the date above stated.  
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at..... M. on above date 1926  
(Name of Prophylactic)Cleft Palate..... Hare Lip..... Other Deformities.....  
(Specify)(When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.)Given name added from  
a supplementary report.....  
(Date of)(Signed) Elias D. Suffer, M.D.

or..... Midwife

Address Stallwell, S.C.Filed 2-6, 1926 Ray B. Hamilton  
Registrar

Registrar.