

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—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 8.

(1) PLACE OF BIRTH

County of Clarendon
Township of Concord

Inc. Town of
City of Summerton
(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

File No.—For State Registrar Only
48627

Registration District No. 13.1.2 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child John B. Seung

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>3rd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 16th</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Walter B. Seun
(9) PRESENT POSTOFFICE OF FATHER Summerton S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Years)
(12) BIRTHPLACE Newberry S.C.
(13) OCCUPATION Blacksmith
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lula S. Johnson
(15) PRESENT POSTOFFICE OF MOTHER Summerton S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Years)
(18) BIRTHPLACE Remini S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 7 lb 16 oz at 2 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Thos. J. Davis, Summerton S.C.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 20 1916 (28) R. E. Braslow, Jr.
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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