

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Samuels

or

Inc. Town of

or

City of

(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Franklin Seaborn { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u> <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 32</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(6) FULL NAME <u>Connell Seaborn</u>	(14) NAME BEFORE MARRIAGE <u>Matthie Seaborn</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Pelzer S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Greenville Co</u>	(18) BIRTHPLACE <u>Anderson County</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elbert L. Chapman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Pelzer S.C.

Given name added from a supplemental report

..... 191....

Registrar

(26) Witness E. S. Cochran  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 7 1916 (28) C. O. Smith  
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.