

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

No. 10.—For this Register

3230

Registration District No. 9 Registered No. 320

(For use of Local Registrar)

(No. 58 Wassan St.; 7 Ward)(2) Full Name of Child Baby Seabury

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

(1) SEX OR CHILD girl (2) Type or Triplet No (3) Number in order of birth 1st (4) Are Parents Married yes (5) DATE OF BIRTH Feb 1st 1923 (Month) (Day) (Year)

FATHER

(1) FULL NAME Joseph Seabury(2) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Parson S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Beatrice Seval(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Willing S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Miss J. Fuller(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 46 Market St.(26) Witness Wife (27) Signed Wife 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.

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.