

THIS IS A PERMANENT RECORD.
TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Pickens
Township of Marion
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
31834

Registration District No. 3704 Registered No. 25
(For use of Local Registrar)

(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 Jessie Seaborn

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 5 22
(Named) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Jason Borough Seaborn

MOTHER.
(14) NAME BEFORE MARRIAGE Olga Kennypore

(9) PRESENT POSTOFFICE OF FATHER Pickens S.C.

(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Year)

(12) BIRTHPLACE Deonee Co., S.C.

(18) BIRTHPLACE Pickens Co.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:09 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Det. Williams

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/19/22 (28) M.B. 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.

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