

Form No. 1.

(1) PLACE OF BIRTH

County of Wm.burg

Township of Wm.burg

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 Alvin Seward

File No.—For State Registrar Only

54107

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4307 Registered No. 127
(For use of Local Registrar)

(3) BOY OR
GIRL? Boy

(4) Twin
or Triplet?

(5) Number in
order of birth
To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? Yes

(7) DATE OF BIRTH March, 25, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

William Seward

(9) PRESENT
POSTOFFICE
OF FATHER

Bloomington S.C.

(10) COLOR
OR
RACE

Colored

(11) AGE AT LAST
BIRTHDAY 26
(Years)

(12) BIRTHPLACE

Bloomington

(13) OCCUPATION

Farmer

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

one

MOTHER.

(14) NAME BEFORE
MARRIAGE

Elizabeth Erwin

(15) PRESENT
POSTOFFICE
OF MOTHER

Bloomington

(16) COLOR
OR
RACE

Colored

(17) AGE AT LAST
BIRTHDAY 19
(Years)

(18) BIRTHPLACE

Bloomington

(19) OCCUPATION

Farmer's Wife

(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 alive at 10 O'clock P.M.
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Erwin

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

Med. Info. 14 Bloomington S.C.

Given name added from a supplement
report

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Registrar

(26) Witness

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

(27) Filed 4/10 1916

(28) G. E. Green 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.

MARGIN RESERVED FOR BINDING.

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 N. O. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.