

(1) PLACE OF BIRTH
County of Spartanburg

Township of

or
Inc. Town of

or
City of Spartanburg

(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

62017

Registration District No. 40 A

Registered No. 195

(For use of Local Registrar)

(2) Full Name of Child Thomas Marvin Seagraves Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11, 1906
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Gas W. Pearson

(9) PRESENT POSTOFFICE OF FATHER Spartanburg

(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Insurance Agt

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

MOTHER
(14) NAME BEFORE MARRIAGE Era Mae Cox

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 230 A M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Turner

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

Given name added from a supplemental report

M. B. Woodward

5/21/17

Registrar

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

(27) Filed June 1, 1906 (28) Gas Copes 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 INDEXING. 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 5.

McCaw, of Columbia.

m. 4.