

File No.—For State Registrar Only

County of York
Township of Band River
or
Inc. Town of
or
City of

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

12460

Registration District No. 4402 Registered No. 33
(For use of Local Registrar)

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 Robert Edward { If 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 1

6. Are Parents Married? Yes

7. DATE OF BIRTH 10-7-3
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME *Loraine Hewitt Seward*

9. PRESENT
PAST OFFICE
OF FATHER *Richard G. Gou*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36* (YRS)

12. BIRTH PLACE _____

12. OCCUPATION SA SA

Wholesale Grocery

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

MOTHER

(14) NAME BEFORE MARRIAGE Ola Helgeson

(18) PRESENT POSTOFFICE OF MOTHER *Hickory Grove*

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE

(19) OCCUPATION York Co

Domestic

(71) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 3 slave at 1444 M. on the date above stated. 22 (Born alive or stillborn: 1444 M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11/19/19 (28) 11/19/19 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.