

STATE OF SOUTH CAROLINA

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

File No.—For State Registrar Only
46335

County of Greenville

Township of Franklin

or Town of

City of

Registration District No. 2205

Registered No. 3
(For use of Local Registrar)

St.; Ward)

Full Name of Child Mollie — Seaborn

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

1. SEX OR GIRL? girl 2. Twin or Triplet? No 3. Number in order of birth 40

4. Are Parents Married? yes

5. DATE OF BIRTH Jan 7 3 1916
(Year of Month) (Day) (Year)

FATHER.
6. NAME BEFORE MARRIAGE George Seaborn
7. PRESENT POSTOFFICE OF MOTHER Pelzer R H
8. COLOR OR RACE Negro 9. AGE AT LAST BIRTHDAY 40
10. BIRTHPLACE S.C.

MOTHER.
11. NAME BEFORE MARRIAGE Mollie Washington
12. PRESENT POSTOFFICE OF MOTHER Pelzer R H
13. COLOR OR RACE Negro 14. AGE AT LAST BIRTHDAY 37
15. BIRTHPLACE S.C.

16. OCCUPATION Farmer

17. OCCUPATION House wife

18. Number of children born to mother, including present birth 9

19. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. P. Stoddard

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

Given name added from a supplemental report

26. Date 1/26 1916 27. Local Registrar C. D. Smith

*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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THIS IS TO BE FILLED OUT BY THE REGISTRAR OR HIS DEPUTY. IT IS A PERMANENT RECORD. FIRST-BORN IN A FAMILY OF TWENTY OR MORE CHILDREN, AND IN CASES OF TWINS, ETC., IN QUESTION 5.