

WHITE 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.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of				STATE OF SOUTH CAROLINA		20075	
Township of				Bureau of Vital Statistics			
or				State Board of Health			
Inc. Town of				Registration District No. 40-a		Registered No. 267	
or						(For use of Local Registrar)	
City of ..Spartanburg, S.C. (No. 401. Magnolia.....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 Paul Edmund Seaman				Child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? M	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH 5-27-22			19.....
				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME Joe Seaman				(14) NAME BEFORE MARRIAGE Amelia McDowell			
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.				(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.			
(10) COLOR OR RACE Syrian		(11) AGE AT LAST BIRTHDAY 37		(16) COLOR OR RACE Syrian		(17) AGE AT LAST BIRTHDAY 36	
		(Years)				(Years)	
(12) BIRTHPLACE Mt. Lebanon, Syria				(18) BIRTHPLACE Syria.			
(13) OCCUPATION Fruit Dealer				(19) OCCUPATION Domestic			
(20) Number of children born to mother, including present birth 6				(21) 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..... at 1.30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) W.A. Wallace M.D.				(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife							
allid.							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
M. B. W. M. D.				(27) Filed 7-1-22			
6/3/43 19 Registrar				(28) Local Registrar Jas. Coker			
*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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