

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor
Inc. Town ofor
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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

70479

Registration District No. 2008 Registered No. 546
(For use of Local Registrar)

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

(3) BOY OR
GIRL? Girl(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are Yes
Parents
Married?(7) DATE OF June 28 16
BIRTH
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Oscar Seay(9) PRESENT
POSTOFFICE
OF FATHER Spartanburg R. F. D.(10) COLOR OR
RACE W (11) AGE AT LAST
BIRTHDAY 38
(Years)(12) BIRTHPLACE
S. C.(13) OCCUPATION
Farmer(20) Number of children born to
mother, including present birth { 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Eva Turner(15) PRESENT
POSTOFFICE
OF MOTHER Spartanburg R. D. F(16) COLOR OR
RACE W (17) AGE AT LAST
BIRTHDAY 30
(Years)(18) BIRTHPLACE
S. C.(19) OCCUPATION
Housewife(21) Number of children of this mother
now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5. 6A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) A. D. Cudd M. D.
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 12 1916 (28) E. J. Va. shen
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.N. H.—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.
N. H.—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.