(1) PLACE OF BIRTH

County of Charleston

Township of Johns Isl'd

or

Inc. Town of .....

or

City of .....

(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
88844

Registration District No. 905 Registered No. 125
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Louis Gervais Seabrook {If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL?~~	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		Yes	Dec. 14 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	John L. Seabrook	(14) NAME BEFORE MARRIAGE	Ethel Guilds
(9) PRESENT POSTOFFICE OF FATHER	Johns Island	(15) PRESENT POSTOFFICE OF MOTHER	Johns Island
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	South Carolina	(18) BIRTHPLACE	South Carolina
(13) OCCUPATION	Farmer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	5	(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 born alive (Born alive or stillborn) at 10 30 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) K. I. Pearlstine

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Charleston, S.C.

Given name added from a supplemental report

.....

....., 19 ....
Registrar

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

(27) Filed Dec. 27 1916. (28) W. C. Hills
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.

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.