

(1) PLACE OF BIRTH

County of Myrtle

Township of 103

or  
Inc. Town of .....

or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3405

File No.—For State Registrar Only

31419

Registered No. 27  
(For use of Local Registrar)

(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 Cassie Lucy Seiber

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 7, 1922  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Seiber

(14) NAME BEFORE MARRIAGE Paula Seiber

(9) PRESENT POSTOFFICE OF FATHER SA

(15) PRESENT POSTOFFICE OF MOTHER SA

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41  
(Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 40  
(Years)

(12) BIRTHPLACE .....

(18) BIRTHPLACE SA

(13) OCCUPATION .....

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. Marshall

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

Give name added from a supplemental report

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

(27) Filed Oct. 7, 1922 (28) J. H. Marshall  
Registrar 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.