

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston, S.C.

(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

27493

Registration District No. 9A

Registered No. ....

(For use of Local Registrar)

W. T. 12. (Name of Ward)

(2) Full Name of Child Ellen Louise

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

(3) SEX OF CHILD Girl(4) Twin or Triplet? Y(5) Number in order of birth 1st(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 21, 1925

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. Frank E. Seelye(9) PRESENT POSTOFFICE OF FATHER 14. average st.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION over. Sec. Charleston Cent. Co.(14) Number of children born to mother, including present birth 1. Mrs. A.

## MOTHER.

(14) NAME BEFORE MARRIAGE Calley Boulware(15) PRESENT POSTOFFICE OF MOTHER 14. average st.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE Richburg, S.C.(19) OCCUPATION house wife(20) Number of children of this mother now living, including present birth 1. Mrs. A.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Delivered as 11:04 A.M. (Born alive or stillborn) (How A. M. or P. M.)(22) (Signature) W. T. Seelye

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed

261. 101. 27

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.