

MARGIN RESERVED FOR BINDING.

WRITE 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 8.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Saluda
Township of # 13
or
Inc. Town of
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

Registration District No. 3512 Registered No. 51
(For use of Local Registrar)

(2) Full Name of Child Jessie Seiber
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 25, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Seiber
(9) PRESENT POSTOFFICE OF FATHER Silver Street S.C.
(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 40
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Washington
(15) PRESENT POSTOFFICE OF MOTHER Silver Street S.C.
(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 35
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Lizzie Coleman
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Silver Street S.C.

Given name added from a supplemental report
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct. 16, 1922 (28) J. O. Coleman
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 stillborn before the fifth month of pregnancy.