

Form No. 1

## (1) PLACE OF BIRTH

County of Seymour

Township of .....

or

In, 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

4513

Registration District No. 2109 Registered No. 14

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 20 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Willis Seaplane

(9) PRESENT POSTOFFICE OF FATHER

Seymour

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

Sey. Co.

(13) OCCUPATION

Farmer

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

1 4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Evelyn 7 days.

(15) PRESENT POSTOFFICE OF MOTHER

Sey. Co.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Sey. Co.

(19) OCCUPATION

Domestic

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

1 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(22) (Signature)

W. H. Seaplane

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Physician Seymour S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

May 9 1923

(27)

Mrs. C. E. Seaplane

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

MAKING RESEARCHES WITH MINIMAL... WHITE PLAINS... IN CASE OF TALL... STATE-BOUN... No. 1 TIME UTTERED, No. 2, etc., in question 8... 2 2—In case of TALL... 2 2—In case of TALL... 2 2—In case of TALL...