

(1) PLACE OF BIRTH

County of ..Charleston..

ownership of

CERTIFICATE
STATE OF S.C.
Bureau of Vital Statistics
COUNTY OF CHARLSTON

PERSONALLY appeared before me, Emma G. Peggall, a Notary Public of South Carolina, Isabelle Fraser, who being duly sworn says and deposes that she is the aunt of Elizabeth Seabrook, who was born in the City of Charleston, on June 3rd, 1885: that she was not present at the birth of this child: that the Mother ^{and father} of Elizabeth Seabrook are both dead: that is going thru the papers of Louise Seabrook who found a notation with the information as given on the attached return of birth and that to the best of her knowledge this is true and correct.

Isabelle Fraser ^{by}
+
Mark

Witness: *J. L. Peggall*

SWORN to before me this

22nd day of September A.D. 1930

Emma G. Peggall

Notary Public S.C.

Filed 8/28/30, 19

Registrar

Com

JUL 3 1941

M.D.

(1) PLACE OF BIRTH

PLACE OF BIRTH
City of **Charleston**

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No. **16952A**

County of **Charleston**
City of **Charleston**

Division of Vital Statistics
State House of Representatives

Registration District No. **1A**

Registered No. **822A**

Full Name of Child **Elizabeth S. S. S.**

1. Sex **F** 2. Place of Birth **Charleston** 3. Date of Birth **June 2nd 1935**
4. Time, night, or other **Day** 5. Signature **John S. S.** 6. Signature **John S. S.**
7. Length **5'2"** 8. Weight **122** 9. Date of Birth **June 2nd 1935**

FATHER
Teddy S. S.
Residence (usual place of abode)
If convenient, give place and date **Charleston**
Color or race **Col.** 12. Age at last birthday **1** (Years)
Birthplace (city or place)
(State or country) **Mississippi, U.S.A.**
Trade, profession, or particular kind of work done, as engineer, surveyor, bookkeeper, etc. **Painter**
Industry or business in which work was done, as silk mill, sawmill, bank, etc.
Date (month and year) last engaged in this work **1935**
17. Total time (years) spent in this work **19**

MOTHER
Lillian S. S.
Residence (usual place of abode)
(If convenient, give place and date) **Charleston**
Color or race **Col.** 21. Age at last birthday **22** (Years)
Birthplace (city or place)
(State or country) **Mississippi, U.S.A.**
Occupation
22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Cook**
23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
24. Date (month and year) last engaged in this work **1935**
25. Total time (years) spent in this work **19**

Number of children of this mother
At time of this birth and including this child (a) Born alive and now living **3** (b) Born alive but now dead **1** (c) Stillborn **1**
Period of gestation **9 months** 26. Cause of death **Stillborn**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was **BORN ALIVE** at **Charleston** on the date above stated
(Born alive or stillborn)
(Signed) **M. D.**
or **Allen S. S.**
Address **Charleston**
Filed **9/22/35**, 19 **John S. S.**

When there was no attending physician or midwife, then the father, housekeeper, or other person should make the report.
Name made from supplemental report.
(Date of) **June 2nd 1935**
Filed **9/22/35**, 19 **John S. S.**
JUL 3 1935