

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of.....
or
City of Spartanburg
(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

20247

Registration District No. 4008

Registered No. 173
(For use of Local Registrar)

(2) Full Name of Child Ruth Seay

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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 13 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Frank Seay
9. PRESENT POSTOFFICE OF FATHER Spartanburg R 2 S C
10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
12. BIRTHPLACE S C
13. OCCUPATION Cotton mill
20. Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE May Ward
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R 2 S C
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Ga
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Whitney 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 7-1-22 (28) R. J. Parker 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.

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