

## (1) PLACE OF BIRTH

County of GreenvilleTownship of 1stInc. Town of GreenvilleCity of Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

21118

Registration District No. 22A Registered No. 397

(For use of Local Registrar)

(No. 703 Birnie St. 5th Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frances May Seay If child is not yet named, make supplemental report as directed3. BOY OR GIRL Girl 4. Twin or Triplet No 5. Number in order of birth 1 6. Age Parents Married 20 7. DATE OF BIRTH July 11, 1920

## FATHER

8. FULL NAME Frank Duvall9. PRESENT POSTOFFICE OF FATHER 709 Birnie10. COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 26 (Year)12. BIRTHPLACE SC.13. OCCUPATION Textile Worker20. Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Ida Annie Seay(15) PRESENT POSTOFFICE OF MOTHER 703 Birnie(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE SC.(19) OCCUPATION Textile Worker(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 2:15 M., on the date above stated. (B. alive or stillborn Hour M. or P. M.)(23) (Signature) A. J. Seay (24) State whether Physician or Midwife Physician (25) Address of Physician Greenville SC

(Given name added from a supplemental report)

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

(27) Filed Aug 9, 1923 (28) C. Smith 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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