

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE NO. 8003	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of <u>Summerville</u>		State Board of Health			
Inc. Town of		Registration District No. <u>104</u>		Registered No. <u>12</u>	
City of		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Vera F. Seawright</u> If child is not yet named, make supplemental report as directed					
(3) SEX BOY OR GIRL <u>Girl</u>	(4) Type of Birth <u>Normal</u> In covered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>23</u>	(7) DATE OF BIRTH <u>Apr 25</u> 19 <u>23</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Geo Harry Seawright</u>			(14) NAME BEFORE MARRIAGE <u>Wesley L. Seawright</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Antebell S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Antebell S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>17</u>	
(12) BIRTHPLACE <u>Abbeville CO,</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Abbeville CO,</u>		(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> on the date above stated.					
(23) (Signature) <u>J. S. Seawright</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Antebell S.C.</u>					
Given name added from a supplemental report					
(26) (Signature of Witness necessary only when question 22 is signed by mark) <u>J. S. Seawright</u>					
(27) (Signature of Local Registrar) <u>J. S. Seawright</u>					
When this card is returned to the Local Registrar, the father, householder, etc., should make this return. If a child dies before birth, it shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					