

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of Charleston

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

41277

9A

Registered No. 1923

(For use of Local Registrar)

St.; Ward)

(No. of Registration District No.)

(2) Full Name of Child. William Seabrook

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

(3) BOY ☒ GIRL?

(4) Twin or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Seabrook

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Edisto Island

(13) OCCUPATION

Salvager

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Rachael Grant

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Edisto Island

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed by midwife)

(27) Filed 12/19/1912

(28) 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.

Registrar

Cor. 1-12-19