

MARGIN RESERVED FOR BINDING.

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

N.B.—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 5.

McCaw, of Columbia

(1) PLACE OF BIRTH
County of **Greenville**
Township of
or
Inc. Town of
or
City of **Greenville**
(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
64428

Registration District No. **22 A** Registered No. **226**
(For use of Local Registrar)
St.; Ward
(No. **221 Sullivan**)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **June 9 1916**
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Andy Seaborn**
(9) PRESENT POSTOFFICE OF FATHER **Greenville S. C.**
(10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **40** (Years)
(12) BIRTHPLACE **Georgia**
(13) OCCUPATION **Fireman at laundry**
(20) Number of children born to mother, including present birth { **10**

MOTHER.

(14) NAME BEFORE MARRIAGE **Mary Mosely**
(15) PRESENT POSTOFFICE OF MOTHER **Greenville S. C.**
(16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **34** (Years)
(18) BIRTHPLACE **Greenville S. C.**
(19) OCCUPATION **Laundress**
(21) Number of children of this mother now living, including present birth { **8**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born alive** **11:04 A. M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Stacie Mosely**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Greenville**

Given name added from a supplemental report

(26) Witness **Grace C. Palmers**
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed **June 9 1916** (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.