

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

City of Greenville (No. .... Brier. .... St.; .... Ward.)  
(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

49146

Registration District No. 2 A Registered No. 63

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents <u>Y</u> <u>S</u> Married?	(7) DATE OF BIRTH <u>Jan</u> , <u>13</u> , <u>6</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Eugene Seawright(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Orangeburg S. C.(13) OCCUPATION Blacksmith(20) Number of children born to mother, including present birth { 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude Smiley(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Orangeburg S. C.(19) OCCUPATION Housewife(21) 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 alive 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha F. Edwards

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness Grace C. Chalmers  
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Mar. 2, 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.