

(1) PLACE OF BIRTH
 County of Sumter
 Township of Pirater
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
44781

Registration District No. 4124 Registered No. 167
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 22 1915
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shirley Seddings
 (9) PRESENT POSTOFFICE OF FATHER Tindal S.C.R.#1
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Sumter Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lu Bell Seddings
 (15) PRESENT POSTOFFICE OF MOTHER Tindal S.C.R.#1
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Charendon Co 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 at 8 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Bernice Kodak

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Tindal S.C.

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed Dec. 30 1915 (28) Silas B. Kobb
 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Chas. of Columbia.

N. B.—In case of TWINS OR TRIPLETS, the mother's name, age, and date of marriage should be given.

McCaw