

(1) PLACE OF BIRTH

County of Dorchester

Township of

or
Inc. Town of 2or
City of Hartsville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillian Elizabeth Seiers

File No. — For State Registrar Only

41943

Registration District No. 1573Registered No. 132
(For use of Local Registrar)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

BIRTH 12 7 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

P. V. Seiers

(9) PRESENT POSTOFFICE OF FATHER

Hartsville S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 2.3
(Years)

(12) BIRTHPLACE

Laurens Co. S.C.

(13) OCCUPATION

Bookkeeper

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

William Elizabeth Rhodes

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

Dorchester Co. S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) S. B. Seiers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jun 9 23(28) W. M. Hager

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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