

(1) PLACE OF BIRTH

County of Auderson

Township of 11

or
Inc. Town of 11

or
City of Auderson

(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

71164

Registration District No. 3A

Registered No. 265-

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child John William Seely

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 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr William Seely

(9) PRESENT POSTOFFICE OF FATHER Auderson SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Real Estate Broker

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Farmer

(15) PRESENT POSTOFFICE OF MOTHER Auderson SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Auderson SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thysen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Auderson SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 191

(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.

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