

Form No 1.

**CERTIFICATE OF BIRTH**County of Charleston STATE OF SOUTH CAROLINA.  
Bureau of Vital StatisticsTownship of West Chatham State Board of HealthInc. Town of ..... Registration District No. 12.05 Registered No. 9  
(For use of Local Registrar)City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)(2) Full Name of Child Grace Keller { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12 1916  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lincoln Seaton</u>	(14) NAME BEFORE MARRIAGE <u>Margaret Allen</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Charleston Co</u>	(18) BIRTHPLACE <u>Charleston Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***(22) I hereby certify that I attended the birth of this child, who was born alive at 12:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. [illegible](24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Charleston S.C.

Given name added from a supplemental report

9/16/1916Ed M. Keller  
Super Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1916 (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.

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.

Caw. of Columbia

File No. —For State Registrar Only  
**45825**