

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, TWIN OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Charleston S.C.  
 Township of Charleston S.C.  
 or  
 Inc. Town of Charleston S.C.  
 or  
 City of Charleston S.C.  
 (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

525

Registration District No. 9ARegistered No. 105  
(For use of Local Registrar)

(No. 111 Ann) St. \_\_\_\_\_ (Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Johnny Sealbrook

(3) BOY-OR GIRL? boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 21st 1922  
 (Same of Month) (Day) (Year)

## FATHER.

(8) FULL NAME S. Sealbrook  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Ferguson

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Cordova S.C.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 22.0 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Albie Daley H. Thompson et  
 (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.)

(27) Filed Jan 22 \_\_\_\_\_

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.

When of pregnancy, \_\_\_\_\_ is desired of stillbirths before \_\_\_\_\_