

Form No. 1

(1) PLACE OF BIRTH

County of *Charleston*Township of *Beach*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *H. 2.*

File No. — For State Registrar Only

*5210*Registered No. *18*

(For use of Local Registrar)

(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 *Howard Lee Seay*

If child is not yet named, make supplemental report as directed

a. BOY OR GIRL *Boy*

b. Twin or Triplet? To be answered only in case of Twin or Triplet

c. Number in order of birth

d. Are Parents Married? *yes*e. DATE OF BIRTH *Feb. 17, 1923*
(Name of Month) (Day) (Year)

FATHER.

f. FULL NAME *F. M. Seay*g. PRESENT POSTOFFICE OF FATHER *Marion S.C. 13.*h. COLOR OR RACE *white*i. AGE AT LAST BIRTHDAY *57*
(Years)j. BIRTHPLACE *N.C.*k. OCCUPATION *Farmer*l. Number of children born to mother, including present birth *9*

MOTHER.

m. NAME BEFORE MARRIAGE *Hettie Atkins*n. PRESENT POSTOFFICE OF MOTHER *Marion S.C. 13.*o. COLOR OR RACE *white*p. AGE AT LAST BIRTHDAY *37*
(Years)q. BIRTHPLACE *S.C.*r. OCCUPATION *Housewife*s. Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was *born alive* at *6 a. m.* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(21) (Signature) *J. L. Seay*

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife *Marion S.C. 13.*

Given name added from a supplemental report

(24) Witness

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

(25) Filed *Feb. 17, 1923*

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.

AFFIDAVIT

STATE OF South Carolina
COUNTY OF County of Spartanburg.

Name of Child, Howard Lee Seay
Place of Birth Inman S. C. R 3.
Date of Birth Feb 17, 1923
Name of Father, F. M. Seay
Maiden name of mother, Hettie Atkins,
Race; White.

Personally appeared before me F. M. Seay

who first being duly sworn says thathe is the.....father.....

of Howard Lee Seay....., who was born at Inman S. C. R 3.

on Feb 17th....., 1941..; that the birth records in the office of the Clerk of

Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:

That the name Howard Lee Jeay does not appear in the record of his birth.

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 27th
day of March, 1941

Walter B. Aiken

Notary Public for S. C.

MARGIN REMOVED FOR HANDLING.

WRITE PLAINLY, WITH UNFOLDED LETTERS IN A PERMANENT RECORD.
one of THREE ONE TRIPLETED COPYABLE BLANK PAGE EACH
No. 2. etc. In question &