

MARGIN RESERVED FOR BINDING.
 WHITE 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.

(1) PLACE OF BIRTH

County of White
 Township of Diamond Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

36878

Registration District No. 104 Registered No. 73
 (For use of Local Registrar)

(2) Full Name of Child

Robert Sealord

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11/29/22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James S. Sealord
 (9) PRESENT POSTOFFICE OF FATHER Irma St.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29
 (Year) (12) BIRTHPLACE Whiteville Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Sealord
 (15) PRESENT POSTOFFICE OF MOTHER Irma St.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25
 (Year) (18) BIRTHPLACE Capitola Co
 (19) OCCUPATION Farming
 (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 born at 11 P. M.
 on the date above stated. (Date of birth or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Sealord (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Whiteville St

Given name added from a supplemental report

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

(27) Filed 11/29/22 (28) J. H. Sealord 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.