

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 3.  
McCauley, of Columbia.

(1) PLACE OF BIRTH

County of Charleston  
Township of Myrtle  
or  
Inc. Town of Charleston  
or  
City of Charleston

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**48298**

Registration District No. 9A Registered No. 772  
(For use of Local Registrar)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Albert Whilden Seel

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE July 8th 1946  
BIRTH (Name of Month (Day) (Year))

## FATHER.

(8) FULL NAME Herbert Wilden Seel  
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Charleston S.C.  
(13) OCCUPATION Musician

## MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Maull  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Charleston S.C.  
(19) OCCUPATION

(20) Number of children born to mother, including present birth { 2 } (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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6:45 P. M.

(23) (Signature) Herbert M. Seel (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 561 Meeting St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

6/29/46  
T.P. Leason Registrar

(27) Filed 7/3 1946 (28) J. Mercer Green, Jr. 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.

Registrar.

Dec 11/27 561 Meeting St