

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of *Greenville S.C.* (No. *225 1/2* *Whites*) (Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child *Janie Blair Seyle* (Child is not yet named, make supplemental report as directed)(3) SEX OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year) *Dec 25 22*

FATHER. (8) FULL NAME *H B Seyle* (9) PRESENT POSTOFFICE OF FATHER *Greenville S.C.* (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *30* (Years)

MOTHER. (14) NAME BEFORE MARRIAGE *Minnie Blair Wadlow* (15) PRESENT POSTOFFICE OF MOTHER *Greenville S.C.* (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *25* (Years)

(18) BIRTHPLACE *Ocala Fla* (19) OCCUPATION *House wife* (20) Number of children born to mother, including present birth *One* (21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3:05* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Chas Bates* (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 by mother)

(27) Date *Jan 10 1923* (28) Local Registrar

When there was no attending physician or midwife, or 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.