

Form No. 1

## (1) PLACE OF BIRTH

County of

*Berkeley*

Township of

*St. Stephens*

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

29092

Registration District No.

705

Registered No. 100  
(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

*Ellie Mae Seabrook*

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

(3) BOY OR GIRL?

*G*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*Sept. 14, 1922*

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Ben Seabrook*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*21*

(Years)

(12) BIRTHPLACE

*—*

(13) OCCUPATION

*Public Work*

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

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Sarah Kinloch*

(15) PRESENT POSTOFFICE OF MOTHER

*Alvin*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*17*

(Years)

(18) BIRTHPLACE

*Alvin*

(19) OCCUPATION

*Housewife*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, *born alive* at *5 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*M. A. Floyd*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*St. Stephens*

Given name added from a supplemental report

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

(27) Filed *Sept. 20, 1922* (28) *M. A. Floyd* Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

THIS IS A PERMANENT RECORD. 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.