

(1) PLACE OF BIRTH

Saluda

County of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

12744

Township of

#2

Incl. Town of

Registration District No. 390

Registered No. 33

(For Use of Local Registrar)

City of

(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

Jamie Seona

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 3 16 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

William M. Seay

(9) PRESENT POSTOFFICE OF FATHER

Wheat, S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE

Saluda Co., S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lucy Seay

(15) PRESENT POSTOFFICE OF MOTHER

Wheat, S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE

Saluda Co., S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 5

(20) Number of children born to mother, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

born alive or stillborn (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Ronald M. Seay

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Wheat, S.C.

Given name added from a supplemental report

(26) Witness

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

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Registrar

(27) Fred Magie 1922

(28) J. W. Crouch 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.

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W. B. - In case of TWINS, CHILD OR FETUSES, use SUPPLEMENTARY BLANKS for each child, and mark the father's birth No. 1, with circled No. 2, etc. in question 6.

City of Columbia