

Form No. 1

(1) PLACE OF BIRTH

County of Dillon

Township of Manning

or  
Inc. Town of.....

or  
City of.....

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42111

Registration District No. 1605 Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child Dottie Sellers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 21 1922  
(Name of Month) (Day) (Year)

FATHER  
(6) FULL NAME Dossie Sellers  
(8) PRESENT POSTOFFICE OF FATHER Dillon R-1  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Dillon Co  
(13) OCCUPATION Public Work  
(20) Number of children born to mother, including present birth 1

MOTHER  
(14) NAME BEFORE MARRIAGE Ruth Poney  
(15) PRESENT POSTOFFICE OF MOTHER Dillon R-1  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Dillon Co  
(19) OCCUPATION Form work  
(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 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Pyde  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Dillon R-1

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Dec 26 1922 B. J. Williams  
(27) Filed Dec 26 1922 (28) B. J. Williams 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.

S. 2.—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.

MCCANN OF COLUMBIA, COLUMBIA, S. C.