

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Sellersor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3204

File No. For State Registrar Only

21820

Registered No. 104
(For use of Local Registrar)

(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 Virginia Grace Forner

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 8, 1923</u>
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FATHER
(8) FULL NAME Marcus E. Harner(9) PRESENT POSTOFFICE OF FATHER Sellers S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Virginia(13) OCCUPATION Machinist(14) Number of children born to mother, including present birth 4MOTHER
(14) NAME BEFORE MARRIAGE Esther Pacy(15) PRESENT POSTOFFICE OF MOTHER Sellers S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Hour, M. or P.M.)(22) (Signature) A. J. Edwards, M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Sellers S.C.

Given name added from a supplemental report

(25) Witness

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

(27) Filed Aug 1, 1923(28) Carrie H. Davis
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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