

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**28718**

**(1) PLACE OF BIRTH**

County of Anderson  
Township of Williamston  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. 3-C

Registered No. 59  
(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**

Clarence Oliver Selman

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 5 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME C. W. Selman  
(9) PRESENT POSTOFFICE OF FATHER Williamston, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Matthie Kearney  
(15) PRESENT POSTOFFICE OF MOTHER Williamston, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 4

(20) Number of children born to mother, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Wm. D. Hunter  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williamston, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Lillian Russell  
(27) Filed 10-7 1922 (28) 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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