

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3420

County CharlestonTownship of North Charleston

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1203Registered No. 26

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Alvin V. Sellers(3) BOY Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 23 (Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME A. A. Sellers (14) NAME BEFORE MARRIAGE Ernest J. Moore(9) PRESENT POSTOFFICE OF FATHER Charleston S.C. (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Charleston S.C. (18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farming (19) OCCUPATION Horse Keeping(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Ernest J. Moore(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given Name added from a supplemental report

June 29 1923Ernest J. Moore

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Mar 5 1923 (28) M. S. Hunter 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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NOTE: 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 1.