

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

3402

Registration District No. 12A

Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child

Benjamin Sellers

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

(1) BOY OR GIRL?

Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married?

(7) DATE BIRTH

Jan. 18 1923

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

William L. Sellers

(14) NAME BEFORE MARRIAGE

Mary Hendrix

(9) PRESENT POSTOFFICE OF FATHER

Cheraw, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Cheraw, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

N.C.

(13) OCCUPATION

Cotton Pick.

(19) OCCUPATION

Housewife

(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

Alive

as (Born alive or stillborn) 7:10 P.M. (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed in ink)

(27) Filed

Jan 28 1923

(28)

R. E. Bully
Matthew Duplant
Local Registrar

Registrar return.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes at all once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Stillborn. No report is desired of stillbirths before the fifth month of pregnancy.