

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or  
Inc. Town of .....or  
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

21814

Registration District No. 3203Registered No. 25  
(For use of Local Registrar)(2) Full Name of Child Myrtle Sellers

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

3. BOY OR GIRL? <u>Girl</u>	4. Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>July 18</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME Geo. W. Sellers9. PRESENT POSTOFFICE OF FATHER R. F. W. 4, Marion S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53 (Year)12. BIRTHPLACE North Carolina13. OCCUPATION File14. Number of children born to mother, including present birth 3

## MOTHER.

14. NAME BEFORE MARRIAGE Lilly Powell15. PRESENT POSTOFFICE OF MOTHER Same16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 33 (Year)18. BIRTHPLACE Wormy Co.19. OCCUPATION Housewife20. Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) E. M. Smith M.D.

(23) State whether Physician or Midwife

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

Given name added from a supplemental report

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

(26) Filed Aug 13 1923 (27) Local Registrar Myrtle Sellers

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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