

(1) PLACE OF BIRTH

County of

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

79388

Registration District No. 41A

Registered No. 163

(For use of Local Registrar)

(2) Full Name of Child Mary Selzer

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Aug 29 1919
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Selzer

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE calard (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Summerton S.C.

(13) OCCUPATION rail road

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Elia Brooks

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE calard (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Sumter S.C.

(19) OCCUPATION house keeping

(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 Aug 29 at 3:55 AM M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Rebecca Belsa

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Sumter S.C.

Given name added from a supplemental report

191

Registrar

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

(27) Filled 1916

(28) M. J. McKee 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.