

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Williamston

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32File No. - For State Registrar
38461Registered No. 164
(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

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

(3) BOY OR GIRL Male(4) Twin or Triplet No

To be answered only in case of Twin or Triplet

(5) Number in order of birth 6(6) Are Parents Married Yes(7) DATE OF BIRTH Dec 1, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. H. Sellers(9) PRESENT POSTOFFICE OF FATHER Plym RFD(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Anderson County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Ezzie Sargent(16) PRESENT POSTOFFICE OF MOTHER Plym RFD(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 28
(Years)(19) BIRTHPLACE Anderson County(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 3:15 P. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Sargent

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Plym RFD

If name added from a supplemental report

(26) Witness

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

(27) Filed Jan 2, 24(28) W. D. Sargent Local Registrar.

*When there was no attending physician or midwife, then (the father, household, 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.