

Form No. 1

## (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.)

## (2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 29, 1919  
(Name) (Month) (Day) (Year)

## FATHER

(8) FULL NAME

Jol Selvia

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

3.6  
(Year)

(12) BIRTHPLACE

Spain

(13) OCCUPATION

Painter

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

3

## MOTHER

(14) NAME BEFORE MARRIAGE

Mary Henry

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

23  
(Year)

(18) BIRTHPLACE

Spain

(19) OCCUPATION

household

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive... P.M. on the date above stated. Yes (Born alive or stillborn) (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

(26) Witness

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

(27) Filed

19

(28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 5.

State of Columbia, Columbia S. C.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

40077

Registration District No.

Y008

Registered No. (For use of Local Registrar)

(No. 187 Thompson St.)

Ward

(2) Full Name of Child Eugene Selvia

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

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(Name) (Month) (Day) (Year)

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