

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25490

Registration District No. 1205

Registered No. 1-8  
(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

Not named

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 30, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

James C. Sellers

9) PRESENT POSTOFFICE OF FATHER

Way St. #3

10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

(Years)

33

12) BIRTHPLACE

L.P.

13) OCCUPATION

Mining

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

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Webster

(15) PRESENT POSTOFFICE OF MOTHER

Way St. #3

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

27

(18) BIRTHPLACE

L.P.

(19) OCCUPATION

House work

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... at ... M.,  
on the date above stated. (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

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

(27) Filed

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(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.