

## (1) PLACE OF BIRTH

County of Lowry  
 Township of Big Bush  
 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

11573

Registration District No. 2103Registered No. 10

(For use of Local Registrar)

(No. \_\_\_\_\_ SL; \_\_\_\_\_ Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

## (2) Full Name of Child

Walter Sellers

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

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

Mar 2 1922  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

James Senter Mims Sellers

9. PRESENT POSTOFFICE OF FATHER

Lawrence Ferry, S.C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

42

12. BIRTHPLACE

Lowry Co, S.C.

13. OCCUPATION

Farmer

14. Number of children born to mother, including present birth

1 3

## MOTHER.

14. NAME BEFORE MARRIAGE

Walter Vernon Stoffer

15. PRESENT POSTOFFICE OF MOTHER

Lawrence Ferry, S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

23

18. BIRTHPLACE

Lowry Co, S.C.

19. OCCUPATION

James S. home work

20. Number of children of this mother now living, including present birth

1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2:00 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. E. King

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Dr. D.Agnes S.C.

Given name added from a supplemental report.

(26) Witness

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

(27) Local Registrar

W. E. King

(28) Local Registrar

W. E. King

When there was no attending physician or midwife, the father, householders, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.