

(1) PLACE OF BIRTH

County of Harry  
Township of Dog  
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

42975

Registration District No. 2103

Registered No. 107  
(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 James Monroe Sellers

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married? Yes (7) DATE OF BIRTH Dec. 25, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Sellers  
(9) PRESENT POSTOFFICE OF FATHER Aynor SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Harry  
(13) OCCUPATION farming  
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Skipper  
(15) PRESENT POSTOFFICE OF MOTHER Aynor SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Harry SC  
(19) OCCUPATION house wife  
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 8... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary E Skipper  
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Aynor SC

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 29, 1922 (28) D. H. ... 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.

Registrar

Local Registrar.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
MCCAW OF COLUMBIA, COLUMBIA, S. C.