(1) PLACE OF BIRTH

County of Marion

Township of Marion

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

Registration District No. 3247 Registered No. 48
(For use of Local Registrar)

File No.—For State Registrar Only
43674

(2) Full Name of Child Carlotta Sellers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 29, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gibulun Vance Sellers

(9) PRESENT POSTOFFICE OF FATHER Marion S.C. #1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Marion County

(13) OCCUPATION Shidder Foreman

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carlotta Meggs

(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Dillon County S.C.

(19) OCCUPATION Domestic

(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 born alive (Born alive or stillborn) at 7:45 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. G. Bailey

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Jan 10 1923. (28) J. L. Dill
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.

N. B.—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.

McCaw of Columbia, Columbia, S. C.