(1) PLACE OF BIRTH

County of Pickensfield.

Township of Grant House

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

No. B.—For State Registrar Only

724

Registration District No. 1203. Registered No. 13

(For use of Local Registrar)

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

(3) Boy or Girl	(4) Twin or Triplet (In case of Twins or Triplets state order of birth)	(5) Number in order of birth	(6) Legitimate or Illegitimate	(7) Date of birth (Month) (Day) (Year)
Girl			Legit	Jan 22 23

FATHER	MOTHER
(8) Full name: Sidney Sellers	(14) Maiden name: Sara Mercer
(9) Present residence or birthplace of father: Pickensfield R 4	(15) Present residence or birthplace of mother: Pickensfield R 4
(10) Color or race: W	(11) Age at last birthday: 39 (Years)
(12) Birthplace: S C	(16) Color or race: W
(13) Occupation: Farmer	(17) Age at last birthday: 39 (Years)
(20) Number of children born to mother, including present birth: Ten	(18) Birthplace: S C
	(19) Occupation: Housewife
	(21) Number of children of this mother now living, including present birth: Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Yoke L Aberdeen

(24) State whether attending as Midwife Phys

(25) Address of Physician or Midwife Pickensfield SC

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 25 1923. (28) W. S. Watson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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

*When there was no attending physician or midwife, then the father, householder, etc., [illegible]
If a child breathes even once, it must not be reported as stillborn. No report is [illegible]
before the fifth month of pregnancy.