

## (1) PLACE OF BIRTH

County of Dillon

Township of .....

or  
Inc. Town of Dillonor  
City of .....

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

(2) Full Name of Child Ruth Stackhouse Sellers

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 27, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Philip Bruce Sellers(9) PRESENT POSTOFFICE OF FATHER Birmingham, Ala.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
(Year)

(12) BIRTHPLACE

Marion County(13) OCCUPATION Electrician(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Eleonor Stackhouse(15) PRESENT POSTOFFICE OF MOTHER Birmingham, Ala.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
(Year)

(18) BIRTHPLACE

Dillon County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. R. Craig

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Dillon, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Full Name B. S. Williams

(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.

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42051

Registration District No. 16-A Registered No. 63

(For use of Local Registrar)

(No. .... St.; .... Ward)

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NOTE: 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.