Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of 10th St. Robert

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 702

File No.—For State Registrar Only
3241

Registered No. 6
(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 Lillie Sellers

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

(3) SON OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
girl			yes	Feb	6	1922

FATHER.

(8) FULL NAME Clarence Sellers

(9) PRESENT POSTOFFICE OF FATHER Bonneau S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Berkeley co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Elois Cooper

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

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Berkeley co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel F. Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 19..
Registrar

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

(27) Filed 2/18/22, 1922. (28) P. B. Lincoln
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.

* Penalty of $100 for failure to report birth within five days. (Sec. 2, No. 1, 1915 Statutes, and Sec. 2, No. 1, 1919 Statutes.)

Bureau of Statistics, Columbia, S. C.

WHITE SPARROW, WHITE SPARROW, WHITE SPARROW—THERE IS A SPARROW'S NEST—
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Form 22—In case of Twins or Triplets, see 4 and 5, and 6, etc., in question 5