

**(1) PLACE OF BIRTH**

County of Anderson

Township of .....

City of Anderson

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

(2) Full Name of Child Robert Franklin Sebell

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 31540

Registration District No. 3 A Registered No. 420  
(For use of Local Registrar)

Ward West 2nd St.

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

(3) SEX OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Nov 26 1923  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Robert Sebell  
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Anderson S.C.  
(13) OCCUPATION Mechanic  
(14) Number of children born to mother, including present birth 1

MOTHER  
(15) NAME BEFORE MARRIAGE Nettie Ellen Unibson  
(16) PRESENT POSTOFFICE OF MOTHER Anderson S.C.  
(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(19) BIRTHPLACE Anderson S.C.  
(20) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive as 4:50 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) H. L. Crayton

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

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

(27) Filed 101 (28) ANDERSON, S.C. 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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