

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 2.

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

File No.—For State Registrar Only  
**3403**

(1) PLACE OF BIRTH *Charleston*  
 County of *Charleston*  
 Township of *Charleston*  
 OR  
 Inc. Town of *Charleston* Registration District No. *12A* Registered No. *7*  
 OR  
 City of *Charleston* (No. *12A* Registered No. *7*)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 23, 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Willie Sellers</i>			(14) NAME BEFORE MARRIAGE <i>Oliver Sellers</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Charleston</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Charleston</i>	
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>40</i> (Years)	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>40</i> (Years)	
(12) BIRTHPLACE <i>S. C.</i>			(18) BIRTHPLACE <i>S. C.</i>	
(13) OCCUPATION <i>Butcher</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>7</i>			(21) Number of children of this mother now living, including present birth <i>5</i>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) *Martha Sellers*  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Charleston*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse)  
*Martha Sellers*

(27) Filed *Mar 1923* (28) *Martha Sellers* 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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