

## (1) PLACE OF BIRTH.

County of Darlington

Township of .....

Inc. Town of Hartsville

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 15B

File No.—For State Registrar Only

3566Registered No. 19  
(For use of Local Registrar)

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

(2) Full Name of Child Kate Beulah Selson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet No To be answered only in case of Twin or Triplet (5) Are Parents Married? Yes (6) DATE OF BIRTH Feb 9 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Clyde Selson</u>	(14) NAME BEFORE MARRIAGE <u>Beulah Alene Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hartsville</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Hartsville</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Durham Co. N.C.</u>	(19) BIRTHPLACE <u>Chesapeake</u>	(13) OCCUPATION <u>Person Co. N.C.</u>	(21) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 5:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(28) (Signature) [Signature] (29) State whether Physician or Midwife Physician (30) Address of Physician or Midwife Hartsville, S.C.

(31) Given name added from a supplemental report	(32) Witness <u>[Signature]</u> (Signature of Witness necessary only when question 23 is signed by mark)
	(33) Filed <u>19</u> (34) Local Registrar <u>[Signature]</u>

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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