

(1) PLACE OF BIRTH

County of AndersonTownship of Rich

or

Inc. Town of

or

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 Mertes Sloan

(if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin of Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 1, 1922

(28) 9

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9873

Registration District No 305 Registered No 22 (For use of Local Registrar)

St. Ward)

(No.

(if child is not yet named, make supplemental report as directed)

(7) DATE OF BIRTH

(Name) (Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

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

RECORD OF COLUMBIA, COLUMBIA, S. C.