

Form No. 10.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 5.

Caw. of Columbia.

(1) PLACE OF BIRTH  
County of Marion  
Township of .....  
or  
Inc. Town of Mullins Registration District No. 32 B Registered No. 79  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**49825**

(2) Full Name of Child Josephine Sloan If child is not yet named, make supplemental report as directed

(3) ~~Is~~ GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 31, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(7) FULL NAME D. H. Sloan  
(9) PRESENT POSTOFFICE OF FATHER Mullins, S. C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Hawlsville N. C.  
(13) OCCUPATION Soda Water mfg.  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Edna Earl Fowler  
(15) PRESENT POSTOFFICE OF MOTHER Mullins, S. C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Mullins, S. C.  
(19) 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 at 4 A. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) L. E. Boggs (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Mullins, S. C.

Given name added from a supplemental report  
Sept 10, 1916  
Edna Mullins  
Super Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 3/3, 1916 (28) L. E. Boggs 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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