

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

16660

County of Stacy  
Township of Stacy  
or  
Inc. Town of Woodruff  
or  
City of .....

Registration District No. 40 B Registered No. 38  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 5 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John T. Sloan  
(9) PRESENT POSTOFFICE OF FATHER Woodruff  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(Years)  
(12) BIRTHPLACE Law Co  
(13) OCCUPATION Mill Work

MOTHER.  
(14) NAME BEFORE MARRIAGE Jaine Smith  
(15) PRESENT POSTOFFICE OF MOTHER Woodruff  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)  
(18) BIRTHPLACE Law Co  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 3 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was born alive & stillborn on the date above stated. (Mark born alive & stillborn) (Hour 2:30 A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Woodruff

Given name added from a supplemental report

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

(27) Filed June 8 1922 (28) Chas. L. Boyter 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.

Registrar Local Registrar  
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