

(1) PLACE OF BIRTH

County of StacyTownship of Stacy

or

Inc. Town of Woodruff

or

City of

(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

16660

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

(No. St.; Ward)

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

(2) Full Name of Child

(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 22
(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(20) Number of children born to mother, including present birth 1 3

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(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 or stillborn at 2 a M., on the date above stated. (Hour 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

19 Registrar

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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