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Form No. 3

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

01222

1. PLACE OF BIRTH

County of.....

Richland

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of.....

Lykeeland

Registration District No.....

3803

Registered No.....

(For use of Local Registrar)

or
Inc. Town of.....

or
City of.....

(No..... St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD.....

A. Charles Rembert Sloan

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

6. Are Parents Married?

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER

8. FULL NAME

C. R. Sloan

14. NAME BEFORE MARRIAGE

Lorena M^cKeinon

9. ADDRESS AT CHILD'S BIRTH

Lykeeland, S.C.

15. ADDRESS AT CHILD'S BIRTH

Lykeeland, S.C.

10. COLOR OR RACE

White

11. AGE AT CHILD'S BIRTH

32

16. COLOR OR RACE

White

17. AGE AT CHILD'S BIRTH

28

12. BIRTHPLACE

Congaree, S.C.

18. BIRTHPLACE

Lykeeland, S.C.

13. OCCUPATION

Farming

19. OCCUPATION

House-keeper

20. Number of children born to mother, including present birth.....

30

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

30

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was *born alive* at *12 P. M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature.....

Robert Clayton

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Hopkins, S.C.

Given name added from a supplemental report

26. Witness.....

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

27. Filed..... *Sept. 3* 19*43*

28. *L. A. Riser, M.D.*
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. fpe

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.

3 copies