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Form No. 3

**CERTIFICATE OF BIRTH**

FILE No.—For State Registrar Only

01222

1. PLACE OF BIRTH

County of Richland  
Township of Lykesland  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

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

Registration District No. 3803

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

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 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? yes  
7. DATE OF BIRTH Aug. 20 1922  
(Name of Month) (Day) (Year)

8. FULL NAME C. R. Sloan  
9. ADDRESS AT CHILD'S BIRTH Lykesland, S.C.

10. COLOR OR RACE white  
11. AGE AT CHILD'S BIRTH 32  
(Years)

12. BIRTHPLACE Congaree, S.C.

13. OCCUPATION Farming

20. Number of children born to mother, including present birth 30

14. NAME BEFORE MARRIAGE Lorena M. Keenon

15. ADDRESS AT CHILD'S BIRTH Lykesland, S.C.

16. COLOR OR RACE white  
17. AGE AT CHILD'S BIRTH 28  
(Years)

18. BIRTHPLACE Lykesland, S.C.

19. OCCUPATION House-keeper

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.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

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 breaths 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