

(1) PLACE OF BIRTH

County of GreenvilleTownship of AustinInc. Town of Simpsonville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3993

Registration District No. 2200Registered No. 160
(For use of Local Registrar)(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 Edgar Slatten

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

3 BOY OR GIRL? ✓

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married? ✓(7) DATE OF BIRTH Feb - 28 - 1923
(State of Month) (Day) (Year)

FATHER.

7 FULL NAME Leopold C. Slatten8 PRESENT POSTOFFICE OF FATHER Simpsonville10 COLOR OR RACE W -(11) AGE AT LAST BIRTHDAY 38
(Years)12 BIRTHPLACE N.C.13 OCCUPATION Lawyer20 Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Phillips(15) PRESENT POSTOFFICE OF MOTHER Simpsonville(16) COLOR OR RACE W -(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M.
(Born alive or stillborn) (Hour) (M. or P. M.)
on the date above stated.(23) (Signature) M. C. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Simpsonville

(When name added from a supplemental report)

(26) Witness

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

(27) Filed March 10 1923(28) Local Registrar L. Richardson

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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