

Form No. 1.

(1) PLACE OF BIRTH

County of

Oconee

Township of

or
Inc. Town of
or
City of

Walhalla

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

50051

Registration District No. *352*

Registered No. *4*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Rauline 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? *Yes* (7) DATE OF BIRTH *Jan 4 1916*
(Day of Month) (Year)

FATHER.

(8) FULL NAME *Leroy Slatten*

(9) PRESENT POSTOFFICE OF FATHER *Walhalla*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *43* (Years)

(12) BIRTHPLACE *Jackson A C*

(13) OCCUPATION *Cotton mill hand*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Emelia Chapman*

(15) PRESENT POSTOFFICE OF MOTHER *Walhalla SC*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (Years)

(18) BIRTHPLACE *Germany*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Matie Chapman Midwife* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *E. R. Slatten* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *March 4 1916* (28) *R. C. McLea* 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.

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.

McCaw, of Columbia.