

CORRECTED COPY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and  
 N.B.—FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 3

DELAYED

## 1. PLACE OF BIRTH

County of Conce  
 Township of Revere  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_)

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

FILE No.—For State Registrar Only

130-23-049104

Registration District No. B582 Registered No. B5-  
 (For use of Local Registrar)

\*By Court Order 8-21-85,

2. Full Name of Child Myrtle Lee Sloan { If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH \*Jan 29, 1923  
 (Name of Month) (Day) (Year)

\*Marvin Fred SLEATHER FATHER

8. FULL NAME Norman Sloan9. PRESENT POSTOFFICE OF FATHER Salem SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 20 (Years)12. BIRTHPLACE Salem SC13. OCCUPATION Farmer20. Number of children born to mother, including present birth 2

MOTHER \*Cleona Gertrude Moody

14. NAME BEFORE MARRIAGE Clara Moody15. PRESENT POSTOFFICE OF MOTHER Salem SC16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 15 (Years)18. BIRTHPLACE Glenville NC19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

23. Signature J. J. Murney24. State whether Physician or Midwife Phys 25. Address of Physician or Midwife Salem SC

Given name added from a supplemental report

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

27. Filed July 10, 1924 28. Sam W. Smith 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.

CO #1977 9-16-85 jsg

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