

Form No. 3

DELAYED

1. PLACE OF BIRTH

County of Conroe
 Township of Reebee
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. B582

FILE No.—For State Registrar Only

130-23-049104

Registered No. B5-

(For use of Local Registrar)

*By Court Order 8-21-85,

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

2. Full Name of Child Myrtle Lee Sloan { If child is not yet named, make supplementa *Jan 29 1923

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>May 5-24</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Norman Sloan9. PRESENT POSTOFFICE OF FATHER Salem SC10. COLOR OR RACE white11. AGE AT LAST BIRTHDAY 20
(Years)12. BIRTHPLACE Salem SC13. OCCUPATION farmer20. Number of children born to mother, including present birth 2

MOTHER

14. NAME BEFORE MARRIAGE Clara Moody15. PRESENT POSTOFFICE OF MOTHER Salem SC16. COLOR OR RACE white17. 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. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)23. Signature S. J. Murren24. State whether Physician or Midwife Phys25. 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 192428. Sam W Smith

Registrar

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.

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.

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