

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.

(1) PLACE OF BIRTH

County of Greenville  
Township of South  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only

4359

Registration District No. 2-2-7 Registered No. 12  
(For use of Local Registrar)

(2) Full Name of Child William Sloan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 15, 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Felton Sloan  
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. R. 6  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 13

MOTHER.  
(14) NAME BEFORE MARRIAGE Mollie Roseman  
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. R. 6  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 1 (one)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Betty Sherman  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Greenville, S.C. R. 6

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb. 15, 1922 (28) E. B. Hendrix 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.