

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Paulinor  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19220

Registration District No. 2202 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Harley Sloan

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan. 5, 1926</u>
(Name of Month) (Day) (Year)				

## FATHER.

(8) FULL NAME <u>David Burns</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville 30 Rte #6</u>	(12) BIRTHPLACE <u>Greenville Co</u>
(10) COLOR OR RACE <u>White</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Eunice Sloan</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville 30 Rte #4</u>	(18) BIRTHPLACE <u>Greenville Co</u>
(16) COLOR OR RACE <u>White</u>	(19) OCCUPATION <u>House &amp; Farm work</u>
(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 6 A.M. on the date above stated.(23) (Signature) R. J. McPherson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville 30 Rte #5

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 2/5 1916 (28) J. A. Jones

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. A report is desired of stillbirths before the fifth month of pregnancy.

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MAKING INDEPENDENT STATE REGISTRATION. WITH UNPAIDING IN. THIS IS A PERMANENT RECORD. M. 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