

(1) PLACE OF BIRTH

County of Darlington

Township of

Inc. Town of Hartsville

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

355?

Registration District No. 15 BRegistered No. 11
(For use of Local Registrar)(2) Full Name of Child Byron Kent Slaughter

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

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in case of Twin or Triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 3

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Slaughter(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE S.E. Mo(13) OCCUPATION Whole sal grocery(14) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Andria May Hunter(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE SE Kans(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:15 A M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) William Slaughter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

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

(27) Date Feb 12 23 (28) Wm Slaughter 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.

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