

MARGIN RESERVED FOR BINDING.  
WHITE PLAINS, WITH ENFADING 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 Polk  
Township of Cumtaw  
or  
Inc. Town of .....  
or  
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  
**19582**

Registration District No. 3500 Registered No. 81  
(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1 1922  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Ellis Lee Sloan  
9. PRESENT POSTOFFICE OF FATHER Seneca  
10. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
(Years)  
12. BIRTHPLACE Anderson  
13. OCCUPATION Farming  
20. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Elaine Freeman  
15. PRESENT POSTOFFICE OF MOTHER Seneca  
16. COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22  
(Years)  
18. BIRTHPLACE Anderson  
19. OCCUPATION Housekeeping  
21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Earle Mc  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 1 1922 (28) A. P. Martin 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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