

Form No. 1

(1) PLACE OF BIRTH

County of PiscatawayTownship of 1

or

Inc. Town of 1

or

City of 1

(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

27646

Registration District No. 3706Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child

Timothy Sloan

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

(3) BOY OR GIRL? B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Apr 30 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Larry Sloan

(9) PRESENT POSTOFFICE OF FATHER

Piscataway S.C.(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

4

MOTHER

(14) NAME BEFORE MARRIAGE

Annie Edwards

(15) PRESENT POSTOFFICE OF MOTHER

Piscataway S.C.(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 blue at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Annie Edwards 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) Apr 12/22

19

(28)

F. H. Hottel

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.