

Form No. 1

(1) PLACE OF BIRTH

County of Decker

Township of Hartsville

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

Registration District No. 1602

File No.—For State Registrar Only

42085

Registered No. 145
(For use of Local Registrar)

(2) Full Name of Child Mary Lena Singletary child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28, 22
(Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME Albert Singletary

(9) PRESENT POSTOFFICE OF FATHER Latta Sc R1

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
(Year)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farmer

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

MOTHER:

(14) NAME BEFORE MARRIAGE Lena Singletary

(15) PRESENT POSTOFFICE OF MOTHER Latta Sc R1

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34
(Year)

(18) BIRTHPLACE Sc

(19) OCCUPATION Farmer Colored

(21) Number of children of this mother now living, including present birth Eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Doc Manning

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clid, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 22 (28) J. J. Hardy 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.

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.