

Form No. 1

(1) PLACE OF BIRTH

County of Wade
Township of Indian
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
16190

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

(2) Full Name of Child L. H. Sings

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

3) BOY OR GIRL (4) Twin or Triplet? 5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH July 9, 1923
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME A. A. Sings
9) PRESENT POSTOFFICE OF FATHER Leo
10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34
12) BIRTHPLACE S. C.
13) OCCUPATION farmer
20) Number of children born to mother, including present birth 6

MOTHER
(14) NAME BEFORE MARRIAGE Corot Anderson
(15) PRESENT POSTOFFICE OF MOTHER Leo
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE S. C.
(19) OCCUPATION Home Wif
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maecore Jones
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
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..... 19

(26) Witness A. A. Sings
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 07/02/1923 (28) C. E. Smith 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.