

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Liberty
 or
 Inc. Town of
 or
 City of HART

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2202

Registration District No. 3600Registered No. 3
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.; Ward)

(2) Full Name of Child Harvey Singletor 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

(6) Are Parents Married

(7) DATE OF BIRTH

June 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jacob Singletor

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

6MOTHER. DANIELS

(15) NAME BEFORE MARRIAGE

Sarah Daniels

(16) PRESENT POSTOFFICE OF MOTHER

Orangeburg, S.C.

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

39
(Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

House wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(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 June 12, 1922(28) T.B.P. Link

Local Registrar

*When there was no attending physician or midwife, or in the father, householder, etc., should make this return.
 If a child becomes even once known to be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.