

(1) PLACE OF BIRTH

County of Florence
 Township of Lake
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26016

Registration District No. 2009 Registered No. 80
 (For use of Local Registrar)

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

(2) Full Name of Child Narrow Solomon Singletary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marie Singletary
 (9) PRESENT POSTOFFICE OF FATHER Leo S. C. R. 1
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Williamsburg
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Diana Eaddy
 (15) PRESENT POSTOFFICE OF MOTHER Leo S. C. R. 1
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Florence
 (19) OCCUPATION Wife
 (20) Number of children born to mother, including present birth Nine
 (21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Vivian James
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sheraton S. P.

Given name added from a supplemental report

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

(27) Filed 8/25/22 1922 (28) Philo Carter 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.