CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18615

(1) PLACE OF BIRTH
County of Florence
Township of Lee
Inc. Town of Scranton Registration District No. 2008 Registered No. 29
(For use of Local Registrar)
City of S C (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH May 2 1922 (Name of Month) (Day) (Year)

(4) To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Henry Singletary
(9) PRESENT POSTOFFICE OF FATHER Scranton
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Florence Co
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Lee
(15) PRESENT POSTOFFICE OF MOTHER Scranton S C
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Florence Co
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maggie Gaddy
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Scranton S C

Given name added from a supplemental report ..... 191....
..... Registrar

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

(27) Filed 6-10-1922 (28) R L Coates 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.

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