

## (1) PLACE OF BIRTH

County of *Williamston*Township of *Hingstree*Inc. Town of *Hingstree*City of *H. C.*

(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

File No.—For State Registrar Only

22841

Registration District No. *43A* Registered No. *291*

(For use of Local Registrar)

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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet — To be answered only in event of Twins or Triplets	(5) Number in order of birth —	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>July 3, 1923</i> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Malone Singletary*(9) PRESENT POSTOFFICE OF FATHER *Hingstree, S. C.*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Hingstree, S. C.*(13) OCCUPATION *House & Stable Boy.*(14) Number of children born to mother, including present birth *Five*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lizzie Burgess*(15) PRESENT POSTOFFICE OF MOTHER *Hingstree, S. C.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *22* (Years)(18) BIRTHPLACE *New Caledonia, S. C.*(19) OCCUPATION *Housewife.*(21) Number of children of this mother now living, including present birth *Two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Charlotte Burgess* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Hingstree, S. C.*

Give name added from a supplemental report

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

(27) Filed *July 12, 1923* *J. S. McIntosh* 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.