

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of Stephensor
Inc. Town ofor
City of

(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

17704

Registration District No. 705Registered No. 62
(For use of Local Registrar)(2) Full Name of Child Emily Singleton

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

| | | | | |
|--------------------------|--|-----------------------------|------------------------------------|---|
| 3) BOY OR GIRL? <u>2</u> | 4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | 5) Number in order of birth | 6) Are Parents Married? <u>yes</u> | 7) DATE OF BIRTH <u>June 22, 22</u> (Name of Month) (Day) (Year) |
|--------------------------|--|-----------------------------|------------------------------------|---|

FATHER.

8) FULL NAME Walter Singleton

9) PRESENT POSTOFFICE OF FATHER Pinckney

10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(Years)

12) BIRTHPLACE S. L. Johns

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Rosa Murray

15) PRESENT POSTOFFICE OF MOTHER Pinckney

16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Years)

18) BIRTHPLACE Pinckney

19) OCCUPATION Farm-wife

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 12 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Lounsbury(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pinckney

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 19 22 (28) M. D. Fay
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.

MADE IN COLUMBIA, SOUTH CAROLINA. N. 1.

WHEN TO BE RETURNED. THIS FORM IS A PERMANENT RECORD. IT SHOULD BE KEPT IN THE HOME OF THE CHILD, AND WHEN THE CHILD IS DECEASED, IT SHOULD BE KEPT IN THE HOME OF THE DECEASED. IT SHOULD BE KEPT IN THE HOME OF THE DECEASED. IT SHOULD BE KEPT IN THE HOME OF THE DECEASED.