

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia.

(1) PLACE OF BIRTH

County of *Glenn*Township of *Tomball*

or

Inc. Town of

or

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

64374

Registration District No. *2014* Registered No. *28*

(For use of Local Registrar)

(2) Full Name of Child. *Mama Lee Dayberry*

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

| | | | | |
|-----------|----------------------|---|--------------------------|--|
| (3) GIRL? | (4) Twin or Triplet? | (5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small> | (6) Are Parents Married? | (7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small> |
| | | | | <i>June, 9, 1916</i> |

| | | | |
|---|-------------------------|--|-------------------------|
| FATHER. | | MOTHER. | |
| (8) FULL NAME | <i>John Singleton</i> | (14) NAME BEFORE MARRIAGE | <i>Lora Johnson</i> |
| (9) PRESENT POSTOFFICE OF FATHER | <i>Barrenburg, S.C.</i> | (15) PRESENT POSTOFFICE OF MOTHER | <i>Barrenburg, S.C.</i> |
| (10) COLOR OR RACE | <i>Colored</i> | (16) COLOR OR RACE | <i>Colored</i> |
| (11) AGE AT LAST BIRTHDAY | <i>36</i> (Years) | (17) AGE AT LAST BIRTHDAY | <i>29</i> (Years) |
| (12) BIRTHPLACE | <i>Lake City, S.C.</i> | (18) BIRTHPLACE | <i>Dalmeta, S.C.</i> |
| (13) OCCUPATION | <i>Farming</i> | (19) OCCUPATION | <i>Farm worker</i> |
| (20) Number of children born to mother, including present birth | <i>Six</i> | (21) Number of children of this mother now living, including present birth | <i>Four</i> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at *11:30* A.M., on the date above stated. (Born alive)

(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) Filled *June 15, 1916* (28) *DC Hall* 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.

fifth month of pregnancy.