

## (1) PLACE OF BIRTH

County of Richland Co

Township of .....

Inc. Town of .....

City of Salisbury S.C.

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

## (2) Full Name of Child

Leah Ann Singleton

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

no

(5) Number in order of birth

one

(6) Are Parents Married

yes

(7) DATE OF BIRTH

June 8, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER: Leander Singleton

(9) PRESENT POSTOFFICE OF FATHER

1705 - Duke St

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

29

(Year)

(12) BIRTHPLACE

newberry S.C.

(13) OCCUPATION

day laborer

(14) NAME BEFORE MARRIAGE

MOTHER: Laid Jackson

(15) PRESENT POSTOFFICE OF MOTHER

1705 - Duke St

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

25

(Year)

(18) BIRTHPLACE

newberry S.C.

(19) OCCUPATION

Wash. Wagon

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

four

(21) Number of children of this mother now living, including present birth

four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Maggie Porter

(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) Filed June 15, 1923(28) W. D. Shum

Special 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.

Secure and safe storage of pregnancy.