

1. PLACE OF BIRTH

County of Lee
 Township of Bishopville
 or Bishopville
 Inc. Town of Bishopville
 or Bishopville
 City of Bishopville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only

18264-A

Registration District No. _____ Registered No. _____
 (For use of Local Registrar)
 No. 27 Lee St. _____ Ward _____

2. FULL NAME OF CHILD Marian DeLeon Singletary

3. SEX Female 4. Child 5. Number in order of birth 6. Age 7. Date of Birth
Yes (Name of Month) (Day) (Year)
June 30 1922
 8. Is child in a hospital or other institution, give name of same instead of street and number

FATHER
 9. Full Name Robert Howell Singletary
 10. Present Residence of Father Bishopville, S. C.
 11. Color White 12. Age at last birthday 42 (Years)
 13. Birthplace Saranton, S. C.
 14. Occupation Attorney-at-Law
 15. Number of children born to mother, including present birth four

MOTHER
 16. Name before marriage Ila May McLeod
 17. Present Residence of Mother Bishopville, S. C.
 18. Color White 19. Age at last birthday 39 (Years)
 20. Birthplace Marysville, S. C.
 21. Occupation Housewife
 22. Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

23. I hereby certify that I attended the birth of this child, who was born alive at 10:00 P.M.
 on the date above stated. (Born alive or stillborn) (Time A.M. or P.M.)

24. Signature Dr. Y. Alfred 25. Address of Physician or Midwife Wysacky, S. C.
 26. State whether Physician or Midwife Physician

Given name added from a supplemental report
 _____, 1922

 Registrar

27. Witness (Signature of Witness necessary only when question 25 is signed by mark)
 28. Filed _____ 29. 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.

NOTE: This form is to be filled out by the physician or midwife attending the birth. In the 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 1.