

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Private

Inc. Town of

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

Registration District No. 4104 Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Sarah Singleton

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

(3) BOY OR
GIRLGirl(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH Sept. 13-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGEMa Singleton(15) PRESENT
POSTOFFICE
OF MOTHERSumter, S.C. No 2(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY(Year) 30

(18) BIRTHPLACE

Sumter Co. S.C.

(19) OCCUPATION

House and Field Work.(21) Number of children of this mother
now living, including present birthFive

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Five at 10 PM
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

MidwifeSumter, S.C.(Given name added from a supplement-
tal report)

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed 2-12-23(28) [Signature]
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.