

Form No. 1

(1) PLACE OF BIRTH

County of SUMTER

Township of Private

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

30342

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 GIRL Girl 4) Twin or Triplet? --- 5) Number in order of birth --- 6) Are Parents Married? No. 7) DATE OF BIRTH Sept. 13-23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME		14) NAME BEFORE MARRIAGE	<u>Miss Singleton</u>
9) PRESENT POSTOFFICE OF FATHER		15) PRESENT POSTOFFICE OF MOTHER	<u>Sumter, S.C. No 2</u>
10) COLOR OR RACE	11) AGE AT LAST BIRTHDAY <u>---</u> (Year)	16) COLOR OR RACE <u>Colored</u>	17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
12) BIRTHPLACE		18) BIRTHPLACE	<u>Sumter Co. S.C.</u>
13) OCCUPATION		19) OCCUPATION	<u>House and Field Work.</u>
20) Number of children born to mother, including present birth	<u>Five</u>	21) Number of children of this mother now living, including present birth	<u>Five</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) [Signature]

(27) Filed 2-12-23 (28) Local Registrar [Signature]

*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.