

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child Corine Singleton

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 5th 1912
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Singleton

(9) PRESENT POSTOFFICE OF FATHER

Sumter

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

46
(Years)

(12) BIRTHPLACE

Sumter County

(13) OCCUPATION

Farming

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

Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Bradley

(15) PRESENT POSTOFFICE OF MOTHER

Sumter

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Sumter County

(19) OCCUPATION

Farming

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born May 5th 1912 at 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour & M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

Mary Ball
(Signature of Witness necessary only when question is signed by mark)

(27) Filed

19

(28)

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY: WITH INK—FILL IN A PERMANENT RECORD.

N. H.—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 2.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16934

Registration District No. Registered No. 86

(For use of Local Registrar)

(No. St.; Ward)