

**WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—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 3.**

**Form No. 1**

**(1) PLACE OF BIRTH**

County of Northchester

Township of Cann.....

10

Inc. Town of Hamden

**OR**

City of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

**State Board of Health**

Registration District No. 1701 Registered No. 8  
(For use of Local Registrar)

**File No.—For State Registrar Only**

34182

(No. .... St.: ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ellen Mary Singer, Jr. If child is not yet named, make

3) BOY OR GIRL?

(4) Twin or Triplet?

(3) Number In  
order of birth

(6) Are Parents Y

DATE OF

BIRTH Sept 17 1922  
(Name of Month) (Day) (Year)

# FATHER

(8) FULL NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY..... (Jan)

112 BIRTHPLACE

(13) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated. (Remainder of stillborn) (Hour & M. of P. M.)

(23) (Signature)

(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 #3 is signed by mark)

(27) Filed Oct 28 1922

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\*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.