Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
55844

County of Florence

Township of Lake

or
Inc. Town of ..... Registration District No. 2009 Registered No. 40
(For use of Local Registrar)

or
City of ..... (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 Dina Isabella Singletary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	To be answered only in event of Twins or Triplets		Yes	Apr 13 1916

FATHER		MOTHER	
(8) FULL NAME	Money Singletary	(14) NAME BEFORE MARRIAGE	Dina Eaddy
(9) PRESENT POSTOFFICE OF FATHER	Lio SC	(15) PRESENT POSTOFFICE OF MOTHER	Lio SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Lake City SC	(18) BIRTHPLACE	Scranton SC
(13) OCCUPATION	Farming	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Viva Jamieson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Scranton SC

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/20 1916 (28) R. Lio Carter
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.