

(1) PLACE OF BIRTH

County of Sumter
 Township of Fulton
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24154

Registration District No. 411... Registered No. 44.....
 (For use of Local Registrar)

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

3 BOY OR GIRL? eg (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James Singleton9 PRESENT POSTOFFICE OF FATHER Rivini S.C.10 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35
 (Years)12 BIRTHPLACE S.C.13 OCCUPATION Farmer20 Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Oliver(15) PRESENT POSTOFFICE OF MOTHER Rivini S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alone at 8 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret M. M.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rivini S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) C. S. Giffin 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.