

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

No. 11- For State Registrar Only

3113

191

Registration District No.

Registered No.

(For use of Local Registrar)

Ward

(2) Full Name of Child

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

(3) SEX Male	(4) Type or Status To be reported only in event of Twin or Triplet	(5) Number to order of birth	(6) Age at birth	(7) DATE OF BIRTH (Month of birth) (Day) (Year)
Boy				Jan 28 1912

FATHER

MOTHER

(8) FULL NAME	(10) NAME BEFORE MARRIAGE
John Edgar Singleton	Lena Irene Bates

(9) CURRENT RESIDENCE OR ADDRESS	(11) AGE AT LAST BIRTHDAY	(12) COLOR RACE	(13) BIRTHPLACE
Sta 18 1/2 Hwy York	37	White	SC

(14) FULL NAME	(16) NAME BEFORE MARRIAGE
Lena Irene Bates	

(15) CURRENT RESIDENCE OR ADDRESS	(17) AGE AT LAST BIRTHDAY	(18) COLOR RACE	(19) BIRTHPLACE
Sta 18 1/2 Hwy York	37	White	SC

(20) OCCUPATION	(21) OCCUPATION
Machinist	Housewife

(22) Number of children born to mother, including present birth	(23) Number of children of this mother now living, including present birth
3	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was... on the date above stated.

(25) (Signature)

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

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

(29) Filed

(30) 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.

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