

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of Camdenor
Inc. Town ofor
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

File No.—For State Registrar Only

139-23-049072

Registration District No. 2600 Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Willie Singleton

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 1 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank Singleton

(9) PRESENT POSTOFFICE OF FATHER

Red Bank

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Irma Rivers

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeland

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Irma Rivers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeRed Bank

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Jan 5 1924

(28)

J. B. Dean

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.

AFFIDAVIT NEXT FRAME

MARGIN RESERVED FOR BINDING.

WRITE 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 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

1691