

Form No. 3

(1) PLACE OF BIRTH

County of allendaleTownship of 1/1

or

Inc. Town of 1/1

or

City of 1/1

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

(2) Full Name of Child Lula Fuller Singleton

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 20, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Joe Singleton

9) PRESENT POSTOFFICE OF FATHER allendale SC

10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)

12) BIRTHPLACE SC

13) OCCUPATION Janitor at School house

20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Lula Fuller

15) PRESENT POSTOFFICE OF MOTHER allendale SC

16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)

18) BIRTHPLACE SC

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.) 2 A.M.(23) (Signature) Georganna Ready (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife allendale SC

Given name added from a supplemental report

19 Registrar

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

(27) Filed Sept 26, 1922 (28) L. H. Bond MD 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.

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only
28610

Registration District No. #600 Registered No. 108
 (For use of Local Registrar)