

(1) PLACE OF BIRTH

County of Fluorence
 Township of Lake
 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

42390

Registration District No. 2009Registered No. 156
(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 Debra Singletary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 14 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cozial Singletary(9) PRESENT POSTOFFICE OF FATHER Leo St. R1(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Fluorence County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Singletary(15) PRESENT POSTOFFICE OF MOTHER Leo St. R1(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Fluorence County(19) OCCUPATION H-Wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Singletary(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leo St.

Given name added from a supplemental report

Nov 24 1922
Registrar

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

(27) Filed 11/24/22 (28) R. L. 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.