

IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, TIME OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Marlboro
Township of Brightonville
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

15946

Registration District No. 3302 Registered No. 21
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas Singleton

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 5/7/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward M. Cell
(9) PRESENT POSTOFFICE OF FATHER Gibson NC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Farm Work
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Edda M. Singleton
(15) PRESENT POSTOFFICE OF MOTHER Gibson NC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE SC
(19) OCCUPATION Farm Work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Bina Singleton
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gibson NC

Given name added from a supplemental report
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19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5/26/22 (28) John P. Smith
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.