

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Emery
 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

3297

Registration District No. 708 Registered No. 16
 (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 Christopher Singleton

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

3. BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 15, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Uncle Singleton
 9. PRESENT POSTOFFICE OF FATHER Green St.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 12. BIRTHPLACE Berkeley Co.
 13. OCCUPATION Harmoning
 20. Number of children born to mother, including present birth one

MOTHER

14. NAME BEFORE MARRIAGE Clara Grant
 15. PRESENT POSTOFFICE OF MOTHER Green St.
 16. COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)
 18. BIRTHPLACE Berkeley Co.
 19. OCCUPATION Housewife
 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 Born alive at 6 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena Addings
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green St.

Given name added from a supplemental report

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

(27) Filed Feb. 23, 1922 (28) L. L. Cross 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.

MARGIN RESERVED FOR INDEXING. PRINTED MATTER NOT TO BE REMOVED. SEPARATE BLANK FOR EACH CHILD, and mark the
 WRITED PLAINLY. WRITE IN INK. PRINTED MATTER NOT TO BE REMOVED. SEPARATE BLANK FOR EACH CHILD, and mark the
 N. B.—In case of PART-BORN, No. 1, THIS OTHER, No. 2, etc. in question 8.

State of South Carolina, Columbia, S. C.