

(1) PLACE OF BIRTH

County of GreenvilleTownship of Childs

Inc. Town of

City of (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 John P. Singletary

File No.—For State Registrar Only

53928

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4017 Registered No. 23

(For use of Local Registrar)

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? Yes (7) DATE OF BIRTH Mar 18 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Singletary(9) PRESENT POSTOFFICE OF FATHER Lynchburg, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Working(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Horton(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Wedgefield, Co(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucile X. McIlwain

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeChilds, S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed 8-22 1914 (28) L. B. McIlwain 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.

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(copy from original in pencil.)

FORM NO. 10.
 WHEN PLACED IN THE REGISTERED BOOK, THIS IS A PLACED IN THE REGISTERED BOOK.
 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.

McIlwain, of Columbia.