

(1) PLACE OF BIRTH

County of

Township of

or  
Ine. Town of

or  
City of

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

2) Full Name of Child

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11722

Registration District No. 2803

Registered No. 35

(For use of Local Registrar)

(No. SIOULETARY St. Ward)

3) Full Name of Child Robt. Fulton Singletary

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

4) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 19 1922  
(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER SIOULETARY

MOTHER

8) FULL NAME

Darby Singletary

(14) NAME BEFORE MARRIAGE Ruby Fisher

9) PRESENT POSTOFFICE OF FATHER

Yonkers N.Y.

(15) PRESENT POSTOFFICE OF MOTHER Merchus N.Y.

10) COLOR OR RACE

white (11) AGE AT LAST BIRTHDAY 25 (Years)

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

11) BIRTHPLACE

Sumter Co. S.C.

(18) BIRTHPLACE Greenville Co. Va.

12) OCCUPATION

Cotton Mill operative

(19) OCCUPATION Cotton Mill operative

20) Number of children born to mother, including present birth 1

(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 born at 1:30 a.m. (Hour A. M. or P. M.) on the date above stated. (Born alive or stillborn)

(23) (Signature) R. J. Guyan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 22 1922 (28) T. C. Nelson 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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