

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.

(From Original in Jan. 1916.)

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Sumter</u></p> <p>Township of <u>Sumter</u></p> <p>or</p> <p>Inc. Town of</p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p style="font-size: 1.2em;">87662</p>	
<p>Registration District No. <u>4-108</u></p>		<p>Registered No. <u>173</u></p> <p>(For use of Local Registrar)</p>			
<p>(2) Full Name of Child <u>John Henry Singleton</u></p> <p>(If child is not yet named, make supplemental report as directed)</p>					
<p>(3) BOY OR GIRL</p> <p><u>Boy</u></p>	<p>(4) Twin or Triplet?</p> <p>To be answered only in event of Twins or Triplets</p>	<p>(5) Number in order of birth</p>	<p>(6) Are Parents Married?</p> <p><u>Yes</u></p>	<p>(7) DATE OF BIRTH</p> <p><u>Nov. 19, 1914</u></p> <p>(Name of Month) (Day) (Year)</p>	
<p>FATHER.</p>			<p>MOTHER.</p>		
<p>(8) FULL NAME</p> <p><u>Warren Singleton</u></p>			<p>(14) NAME BEFORE MARRIAGE</p> <p><u>Liliana Singleton</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER</p> <p><u>Sumter, S.C.</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER</p> <p><u>Sumter, S.C.</u></p>		
<p>(10) COLOR OR RACE</p> <p><u>Negro</u></p>			<p>(16) COLOR OR RACE</p> <p><u>Negro</u></p>		
<p>(11) AGE AT LAST BIRTHDAY</p> <p>..... (Years)</p>			<p>(17) AGE AT LAST BIRTHDAY</p> <p>..... (Years)</p>		
<p>(12) BIRTHPLACE</p>			<p>(18) BIRTHPLACE</p>		
<p>(13) OCCUPATION</p>			<p>(19) OCCUPATION</p>		
<p>(20) Number of children born to mother, including present birth</p> <p><u>4</u></p>			<p>(21) Number of children of this mother now living, including present birth</p> <p><u>4</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>(23) (Signature) <u>Susan Denton</u></p> <p>(24) State whether Physician or Midwife <u>Midwife</u></p> <p>(25) Address of Physician or Midwife <u>Sumter, S.C.</u></p>					
<p>Given name added from a supplemental report</p>			<p>(26) Witness</p> <p>(Signature of Witness necessary only when question 23 is signed by mark)</p>		
<p>..... 19</p> <p>Registrar</p>			<p>(27) Filed <u>Dec. 1, 1914</u> (28) <u>Carroll</u></p> <p>Local Registrar</p>		

*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.