

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

File No.—For State Registrar Only

53939

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

4109 Registered No.

(For use of Local Registrar)

(3) BOY OR
GIRL?

Girl

(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

3 22

1916

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(9) FULL
NAME

James Singletun

(10) PRESENT
POSTOFFICE
OF FATHER

Dalgell

(11) COLOR
OR
RACE

Negro

(12) AGE AT LAST
BIRTHDAY

28

(Years)

(13) BIRTHPLACE

So. Ca.

(14) OCCUPATION

Farmer

(15) Number of children born to
mother, including present birth

Four

MOTHER.

(16) NAME BEFORE
MARRIAGE

Josephine Lewis

(17) PRESENT
POSTOFFICE
OF MOTHER

Dalgell S.C.

(18) COLOR
OR
RACE

Negro

(19) AGE AT LAST
BIRTHDAY

26

(Years)

(20) BIRTHPLACE

So. Ca.

(21) OCCUPATION

Housekeeper

(22) Number of children of this mother
now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at 10 a.m. M.,
on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(24) (Signature)

Inna Lewis

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Midwife

Dalgell S.C.

Given name added from a supplement-
tal report

191

Registrar

(27) Witness

A. F. Meyer

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

(28) Filed

3/30

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(29)

A. F. Meyer

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 required of stillbirths before the
fifth month of pregnancy.

Form No. 20.
MAY BE REPRODUCED FOR BUSINESS
PURPOSES, WITH CHARGES. THIS IS A PRELIMINARY FORM. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. READ MARK THE
N. B.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. READ MARK THE
MAY 1916