

## (1) PLACE OF BIRTH

County of *Horry*Township of *Wright*or  
In. Town of .....or  
City of .....

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

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

40879

Registration District No. *2400* Registered No. *29*  
(For use of Local Registrar)(2) Full Name of Child *Thomas Singleton* (No. .... St. .... Ward ....)  
(If child is not yet named, make supplemental report as directed)(3) SEX OR CHILD *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Age *1 yr* (7) DATE OF BIRTH *Dec. 14, 1923*  
(Name of Month) (Day) (Year)FATHER. (10) FULL NAME *Thomas Singleton* (11) PRESENT POSTOFFICE OF FATHER *Seah, S.C.* (12) COLOR OR RACE *Col* (13) AGE AT LAST BIRTHDAY *22* (14) BIRTHPLACE *Hampton Co* (15) OCCUPATION *Farming*  
MOTHER. (16) NAME BEFORE MARRIAGE *Corthy Ferguson* (17) PRESENT POSTOFFICE OF MOTHER *Seah, S.C.* (18) COLOR OR RACE *Col* (19) AGE AT LAST BIRTHDAY *18* (20) BIRTHPLACE *Hampton Co* (21) OCCUPATION *Housewife*  
(22) Number of children born to mother, including present birth *1* (23) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was *Alive* at *5-0* P. M. on the date above stated. (Born *Alive* or stillborn) (Hour A. M. or P. M.)(25) (Signature) *Rose Reed* (26) Name of Physician or Midwife *Midwife* (27) Address of Physician or Midwife *Seah, S.C.*

Give name added from a supplemental report

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

(29) Filed *Dec 20, 1923* (30) *H. E. Buchanan* 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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