

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

34359

County of GreenvilleTownship of Greenville

or

Inc. Town of Greenville

or

City of Greenville

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

(2) Full Name of Child Infant Thad

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

(1) BOY OR GIRL Boy (4) Twin or Triplet? Swim (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 13 (Name of Month) (Day) (Year)

(8) FULL NAME Thomas Singleton (10) NAME BEFORE MARRIAGE Fannie Singleton

(9) PRESENT POSTOFFICE OF FATHER Pike City SC (11) PRESENT POSTOFFICE OF MOTHER Pike City SC

(12) COLOR OR RACE Black (13) AGE AT LAST BIRTHDAY 39 (Years) (14) COLOR OR RACE Black (15) AGE AT LAST BIRTHDAY 35 (Years)

(16) BIRTHPLACE SC (17) BIRTHPLACE SC

(18) OCCUPATION Parasitic (19) OCCUPATION Housewife

(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 born alive (born alive or stillborn) (hour A. M. or P. M.) 8:30 on the date above stated.

(23) (Signature) E. B. W. Courtney M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pike City SC

Given name added from a supplemental report

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Registrar

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

(27) Filed 10/16/1917 (28) R. L. Carter 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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