

Form No. 1.

## (1) PLACE OF BIRTH

County of HorryTownship of Buck

or

or

Inc. Town of

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

64777

Registration District No. 2-2-01Registered No. 37

(For use of Local Registrar)

(2) Full Name of Child, Ernest Singleton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 21, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

H. B. Singleton

(9) PRESENT POSTOFFICE OF FATHER

Todaville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29  
(Years)

(12) BIRTHPLACE

Horry

(13) OCCUPATION

Farmer

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

2

(14) NAME BEFORE MARRIAGE

Gussie Fullwood

(15) PRESENT POSTOFFICE OF MOTHER

Todaville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

Horry

(19) OCCUPATION

Wife of Farmer

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna C. Sherman

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Port Harrison S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 28, 1916(28) S. F. Rouse

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.

MARGIN RESERVED FOR BINDING.

WHITE 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.

McBaw, of Columbia