

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of H. F.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 S. A. Singler If child is not yet named, make supplemental report as directed

| | | | | |
|----------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Nov 1 1922</u> (Name of Month) (Day) (Year) |
|----------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Sam Singler(9) PRESENT POSTOFFICE OF FATHER Presperity St(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Manie Babo(15) PRESENT POSTOFFICE OF MOTHER Presperity St(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

| | |
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| (23) (Signature) <u>Eliza Richard</u> | (25) Address of Physician or Midwife <u>Presperity St</u> |
| (24) State whether Physician or Midwife <u>Midwife</u> | |

Given name added from a supplemental report

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

(27) Filed Nov 10 1922 (28) W. T. Gibson 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 RESERVE FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. REGISTRY OF COLORADO, COLORADO, U. S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39519

Registration District No. 3410 Registered No. 111 (For use of Local Registrar)

(No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)