

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE 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.

(1) PLACE OF BIRTH
 County of Flamence
 Township of Lake
 or
 Inc. Town of Registration District No. 2009 Registered No. 9
 or
 City of (No. St. Ward)
 (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
46225

(2) Full Name of Child Flora Singletary { If child is not yet named, make supplemental report as directed

(3) SEX OR AGE? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>To be answered only in case of Twins or Triplets</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan. 2, 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>Pearl Singletary</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Lee</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE			(18) BIRTHPLACE <u>Flamence Co</u>	
(13) OCCUPATION			(19) OCCUPATION <u>Farm work</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5-9 A.M. (Hour A. M. or P. M.) on the date above stated.
 (23) (Signature) Lina Graham
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lee, S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
....., 191.....	(27) Filed <u>1/10/06</u> (28) <u>R. Lee Carter</u> Local Registrar.
..... 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.

IF CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.