

(1) PLACE OF BIRTH

County of GreenwoodTownship of Walnut Groveor
Inc. Town of.....or
City of Ware Shoals

(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

4522

Registration District No. 23 14Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child

Lucie May Singleton

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes(7) DATE OF BIRTH Feb 2 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. T. Singleton

(9) PRESENT POSTOFFICE OF FATHER

Ware Shoals S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE

Pelzer S.C.

(13) OCCUPATION

Cotton Mill

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucie May James

(15) PRESENT POSTOFFICE OF MOTHER

Ware Shoals S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

Pelzer S.C.

(19) OCCUPATION

housewife

(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 alive at 3:57 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 5 19 22(28) John P. Smith

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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MAGNET IMPRINTED FOR BINDING.
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.

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