

Form No. 1.

(1) PLACE OF BIRTH

County of NewberryTownship of #8or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12185

Registration District No. 3406Registered No. 8
(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.)

(2) Full Name of Child James Singley

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 Feb 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Singley(9) PRESENT POSTOFFICE OF FATHER Newberry P.O.(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Cipnes(15) PRESENT POSTOFFICE OF MOTHER Newberry P.O.(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer's Wife(21) Number of children of this mother now living, including present birth 7(20) Number of children born to mother, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Marion Foster(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Newberry P.O.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1922(28) W. B. Bond 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.