

## (1) PLACE OF BIRTH

County of FlarenaTownship of Lake

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2029

File No.—For State Registrar Only

42400

Registered No. 1451  
(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 Louise Singletary (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? ( ) (5) Number in order of birth ( ) (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Franklin Singletary(9) PRESENT POSTOFFICE OF FATHER Los R R(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Burlan Hanna(15) PRESENT POSTOFFICE OF MOTHER Los R R(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was Living at 3 P M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Herringway St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 12/26 22 (28) 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.