

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Berkeley  
Township of St. John  
or  
Inc. Town of.....  
or  
City of.....  
(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

33288

Registration District No. 702 Registered No. 84  
(For use of Local Registrar)

(2) Full Name of Child

Mary Singleton

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 11, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME April Singleton  
(9) PRESENT POSTOFFICE OF FATHER Pineville S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Berkeley co S.C.  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Cleveland  
(15) PRESENT POSTOFFICE OF MOTHER Pineville S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Berkeley co S.C.  
(19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy F. Fierley (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pineville S.C.

Given name added from a supplemental report

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

(27) Filed 9/29 1922 (28) P. A. Lincoln 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.