

12-20-44

U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of SumterTownship of Statesburgor  
Inc. Town ofor  
City ofRt 3 Sumter

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4109

FILE

23 048062

Registered No.

(For use of Local Registrar)

Ward

## 2. FULL NAME OF CHILD

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

3. Boy or Girl

If Plural  
births

4. Twins, triplets or other.....

6. Premature .....

7. Are Parents

8. Date of  
birth .....Sept 27 23  
(Month, day, year)9. Full  
nameFATHER  
Nelson Singleton18. Name before  
marriageMOTHER  
Rosa Barnes

10. Residence (mailing address)

(If non-resident, give place and State) Rte 3 Box 54  
Sumter, S.C.

19. Residence (mailing address)

(If non-resident, give place and State) Rte 3 Box 54  
Sumter, S.C.

11. Color or race.....

12. Age at child's birth...30.....(years)

20. Color or race.....

21. Age at child's birth...46.....(years)13. Birthplace (city or place)  
(State or country)Sumter County  
South Carolina22. Birthplace (city or place)  
(State or country)Sumter County  
South Carolina

OCCUPATION

14. Trade, profession or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.....Farmer15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc.....16. Date (month and year) last  
engaged in this work  
December 4417. Total time (years) 35  
spent in this work.....

OCCUPATION

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.....Housekeeper24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.....25. Date (month and year) last  
engaged in this work  
December 4426. Total time (years) 30  
spent in this work.....27. Number of children of this mother  
(At time of birth and including this child)(a) Born alive and now living...3.....(b) Born alive but now dead...1.....(c) Stillborn...None28. If stillborn,  
period of gestation.....months  
weeks

29. Cause of stillbirth .....

{ Before labor .....  
During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 a m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder  
etc., should make this return.Given name added from  
a supplementary report.....

(Date of)

Registrar.

(Signed)

Rosa Singleton, Parent

or

Address Rte 3 Box 54, Sumter, S.C.Filed Jan 5, 19 45 L.A. Riser, M.D.

Registrar.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of  
each, in order of birth, stated.

(See Instructions on Back of Certificate.)