

MAINTAIN RESPECTED FOR BINDING.
 WHITE-PRESENTLY, WHEN IN FADING INK—THIS IS A PERMANENT RECORD.
 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.
 RECORD OF COLORADO COUNTY, S. C.

(1) PLACE OF BIRTH

County of **Sumter**
 Township of **Privateer**
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

9299

Registration District No. **4104** Registered No. **32**
 (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 **Mary Lee Singleton**

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 **March, 22 1922**
 To be answered only in case of Twins or Triplets
 BIRTH (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME **Israel Singleton**
 (9) PRESENT POSTOFFICE OF FATHER **Tindal, S.C.**
 (10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **44**
 (12) BIRTHPLACE **Sumter County, S.C.**
 (13) OCCUPATION **farming**
 (20) Number of children born to mother, including present birth **Twelve**

(14) NAME BEFORE MARRIAGE **Emma Allen**
 (15) PRESENT POSTOFFICE OF MOTHER **Tindal, S.C.**
 (16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **34**
 (18) BIRTHPLACE **Sumter County, S.C.**
 (19) OCCUPATION **House and Field Work.**
 (21) Number of children of this mother now living, including present birth **Ten**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** **8 AM.** M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) **Israel Singleton**
 (24) State whether Physician or Midwife **Midwife** Address of Physician or Midwife **Tindal, S.C.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by male)

19
 Registrar

(27) Filed **3-25-1922** (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.