

(1) PLACE OF BIRTH

County of Roanoke

Township of .....

or Inc. Town of Salisbury S.C.

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

42334

Registration District No. W.B. Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child John Singletary } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27 22

FATHER

MOTHER

(8) FULL NAME Warren Singletary

(14) NAME BEFORE MARRIAGE Sarah M. Ladden

(9) PRESENT POSTOFFICE OF FATHER Salisbury S.C.

(15) PRESENT POSTOFFICE OF MOTHER Salisbury S.C.

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Mill hand

(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 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 300 1/2 St. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) S. B. W. Courney

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Salisbury S.C.

Given name added from a supplemental report

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

(27) Filed 117 23 (28) Phil Carter 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.

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