

(1) PLACE OF BIRTH

County of Laurens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42334

Township of

or

Inc. Town of Saline City S.C.

or

City of

Registration District No. 70 BRegistered No. 44

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Singleton

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 27, 22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

MOTHER

(8) FULL NAME Warren Singleton(14) NAME BEFORE MARRIAGE Sarah M. Ladden(9) PRESENT POSTOFFICE OF FATHER Saline City S.C.(15) PRESENT POSTOFFICE OF MOTHER Saline City 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 Saline City S.C. 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 Saline City S.C.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed 117 23 (28) Phil Coates 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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