

FORM NO. 1.

(1) PLACE OF BIRTH
County of Georgetown
Township of # 2 upper Macanese

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
89963

Inc. Town of Registration District No. 2106 Registered No. 86
(For use of Local Registrar)
City of 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. Lilla 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 Dec, 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lorrie Singleton
(9) PRESENT POSTOFFICE OF FATHER Murrells Delite Se
(10) COLOR OR RACE Negra (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Horry County
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Hohner
(15) PRESENT POSTOFFICE OF MOTHER Murrells Delite Se
(16) COLOR OR RACE Negra (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Murrells Delite Se
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at Murrells Delite Se M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Clara Singleton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Murrells Delite Se

Given name added from a supplemental report

Louie 19..... 1916
Registrar

(26) Witness J. A. Curry
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191..... (28) M. K. Brown 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.

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.