

(1) PLACE OF BIRTH

County of Newberry

Township of

City of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31376

Registration District No. 34Registered No. 141

(For use of Local Registrar)

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

Full Name of Child Ho. Washington Singleton Jr.

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

SEX OR
CREP

(4) Twin

or triplet?

(5) Number in
order of birth

(6) Are

Parents
Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

Full
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth

One

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

Registrar

(26) Witness

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

(27) Filed

Sept 22, 1922

(28)

S. S. Cunningham
Local Registrar

(1) PLACE OF BIRTH

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.

CERTIFICATE OF BIRTH

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before the fifth month of pregnancy.