

CERTIFICATE OF BIRTH

County of Winchester

Township of *Wadsworth*.....

inc. Town of.....

City of

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

Registration District No. 4329 Registered No. 28
(For use of Local Registrar)

File No. — For State Registrar Only

43392

(2) Full Name of Child William Sampleberry If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL? <i>607</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>10-27-23</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME	J. D. Singletary	(14) NAME BEFORE MARRIAGE	Mrs. Singletary
(9) PRESENT POSTOFFICE OF FATHER	Los Angeles, Cal.	(18) PRESENT POSTOFFICE OF MOTHER	Los Angeles, Cal.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	21	(17) AGE AT LAST BIRTHDAY	18
(12) BIRTHPLACE	New York, N. Y.	(15) BIRTHPLACE	New York, N. Y.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Farmer
(20) Number of children born to	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Oct 7 23 1923 (28) 12.7.23
Local Registrar

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.