

(1) PLACE OF BIRTH

County of Williamburg
 Township of High
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12325

Registration District No. 4301 Registered No. 42
 (For use of Local Registrar)

City of (No. 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 James Singleton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 4 19 29
 (Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME W. Henry Singleton(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Negro(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Singleton(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Negro(17) BIRTHPLACE S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Shaw at 11 9 A. M.,
 on the date above stated. Born alive or stillborn Hour A. M. or P. M.)

(21) (Signature) Emma White(22) State whether Physician or Midwife Midwife(23) Address of Physician or Midwife Greenville S.C.

(Given name added from a supplemental report)

(24) Witness

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

(25) Filed Feb 6 19 29(26) J. D. Blackwell 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.