

Form No 1.

(1) PLACE OF BIRTH

County of WinsburgTownship of Ridge

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

87886

Registration District No. 4309Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child

Annie Singletary

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 8, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Matthew Singletary

(9) PRESENT POSTOFFICE OF FATHER

Loce City(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE

Winsburg Co

(13) OCCUPATION

Farm hand

(20) Number of children born to mother, including present birth

4

(14) NAME BEFORE MARRIAGE

Catherine Singletary

(15) PRESENT POSTOFFICE OF MOTHER

Loce City(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE

Winsburg

(19) OCCUPATION

Farm hand

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Loce City 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 supplemental report

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Registrar

(26) Witness

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

(27) Filed 11/11/16

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths in fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
WITH PLAINLY WRITTEN NAME—THIS IS A PRELIMINARY REPORT
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.

McGraw, of Columbia.