

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Stateburg

or

Inc. Town of

or

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32517

Registration District No. 4108 Registered No. 53
(For use of Local Registrar)(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 Sallie Singleton If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 23 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME James Singleton9) PRESENT POSTOFFICE OF FATHER Horatio S.C.10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22
(Years)12) BIRTHPLACE Sumter Co.13) OCCUPATION farmer20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Brooks(15) PRESENT POSTOFFICE OF MOTHER Horatio S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Sumter Co.(19) OCCUPATION farm laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lila Howard(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Labett. S.C.

Given name added from a supplemental report

(26) Witness Miss Maxine Sanders
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 29 1922 (28) Ben Sanders
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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-Hill, Columbia, N. Y.