

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.  
 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.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Sumter Co.  
 (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  
**20294**

Registration District No. 42A Registered No. 110  
 (For use of Local Registrar)  
 (No. factory Hill St.; 3 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1st, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

8) FULL NAME Willie Singleton  
 9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
 10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 33 (Years)  
 12) BIRTHPLACE Sumter Co.  
 13) OCCUPATION Canning factory  
 20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bessie Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 47 (Years)  
 (18) BIRTHPLACE Orangeburg.  
 (19) OCCUPATION Housekeeping  
 (21) Number of children of this mother now living, including present birth 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Margaret Glover  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife factory Hill

Given name added from a supplemental report

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

(27) Filed July 20 1922 (28) S. O. Browning 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.