

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		20294	
Bureau of Vital Statistics		State Board of Health			
Township of .....		Registration District No. <u>42A</u>		Registered No. <u>110</u>	
or Inc. Town of .....		(For use of Local Registrar)			
City of <u>Sumter Co.</u>		(No. <u>factory Hill</u> St.; <u>3</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Tom Singleton</u>		(If child is not yet named, make supplemental report as directed)			
3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 1st 1922</u>	
(To be answered only in event of Twins or Triplets)					
FATHER.			MOTHER.		
8) FULL NAME <u>Willie Singleton</u>			14) NAME BEFORE MARRIAGE <u>Bessie Williams</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>		
10) COLOR OR RACE <u>colored</u>			16) COLOR OR RACE <u>colored</u>		
11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
12) BIRTHPLACE <u>Sumter Co.</u>			18) BIRTHPLACE <u>Orangeburg.</u>		
13) OCCUPATION <u>Canning factory</u>			19) OCCUPATION <u>Housekeeping</u>		
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>0</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>factory Hill</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Margaret Glover</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>factory Hill</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19 .....			(27) Filed <u>July 2</u> 19 <u>22</u> (28) <u>S. O. Browning</u> 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.