

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Liberty
 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

2200

Registration District No. 3610 Registered No.
 (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 Leroy Singleton

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL Boy(4) Twin
or Triplet None(5) Number in
order of birth 6(6) Are
Parents
Married Yes

(7) DATE OF

BIRTH June 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Jacob Singleton(9) PRESENT
POSTOFFICE
OF FATHER Orangeburg, S.C.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 34
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Sarah Lannick(15) PRESENT
POSTOFFICE
OF MOTHER Orangeburg, S.C.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 39
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 Alive at 3 at P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosier Omick(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg, S.C.Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary
when question 23 is signed by mark)(27) Filed June 15, 1922(28) W.B. B.

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.