

Form No. 1.

(1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*

Inc. Town of

City of *Country*

(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

83698

Registration District No. *4108*Registered No. *193*

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married?

(7) DATE OF BIRTH *Oct 21 1916*

To be filled only in case of twins, triplets

(Name of Month) (Day) (Year)

(8) FULL NAME *David Singleton*(9) PRESENT POSTOFFICE OF FATHER *Sumter*(10) COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *24*(12) BIRTHPLACE *Trunk's place*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *2*(15) NAME BEFORE MARRIAGE *Abie Wilson*(16) PRESENT POSTOFFICE OF MOTHER *Sumter*(17) COLOR OR RACE *Colored*(18) AGE AT LAST BIRTHDAY *18*(19) BIRTHPLACE *Country*(20) OCCUPATION *Farmer*

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

SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born* at *10 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sarah Sanders*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Sumter S.C.*

Given name added from a supplemental report

(26) Witness *Sarah Sanders*

(27) Signature of witness necessary only when question 22 is signed by nurse

(28) Local Registrar

When there was no attending physician or midwife, when the father, household head, or other person who reports the child's birth, even once, it must not be reported as stillborn. No report is desired or submitted before the full term of pregnancy.

(Midwife failed to send out of office)
 Have written to her for information

MARGIN RESERVED FOR BINDING.
 REPRODUCED EXACTLY, 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.