

Form No. 1

## (1) PLACE OF BIRTH

County of **Sumter**  
 Township of **Privateer**  
 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  
**16902**

Registration District No. **4104**

Registered No. **611**  
 (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 **Sasalema Singleton**

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

(3) BOY OR GIRL **Girl** (4) Twin or Triplet? **---** (5) Number in order of birth **---** (6) Are Parents Married? **yes** (7) DATE OF BIRTH **May, 16-1922**  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME **John Singleton**  
 (9) PRESENT POSTOFFICE OF FATHER **Tindal, S.C.**  
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **30**  
 (Years)  
 (12) BIRTHPLACE **Sumter Co. S.C.**  
 (13) OCCUPATION **Farming**  
 (20) Number of children born to mother, including present birth **Eight**

MOTHER.  
 (14) NAME BEFORE MARRIAGE **Rose Pringle**  
 (15) PRESENT POSTOFFICE OF MOTHER **Tindal, S.C.**  
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **32**  
 (Years)  
 (18) BIRTHPLACE **Clarendon Co. S.C.**  
 (19) OCCUPATION **House and Field work.**  
 (21) Number of children of this mother now living, including present birth **Seven**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, **he** was **alive** at **6AM** M., on the date above stated. (Born **alive** or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Mary E. Singleton**  
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Tindal, S.C.**

Given name added from a supplemental report

(26) Witness **John Singleton**  
 (Signature of Witness necessary only when question 23 is signed by mark)

**6/3/1922.**

(27) Filed **10** (28) **H. J. Broadway**  
 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.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.