Form No. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
13032

(1) PLACE OF BIRTH
County of Union
Township of Santuc
or
Inc. Town of ..... Registration District No. 4206 Registered No. 17 (For use of Local Reistrar)
or
City of ..... (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 Edward ~~Dayfinn~~ Peter } 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 1 | (6) Are Parents Married? No | (7) DATE OF BIRTH April 10 1915 (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Singleton Peter	(14) NAME BEFORE MARRIAGE	Nettie Dawkins
(9) PRESENT POSTOFFICE OF FATHER	Union S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Union S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Santuc S.C.	(18) BIRTHPLACE	Santuc S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	One	(21) Number of children of this mother now living, including present birth	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Alice Neal

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Santuc S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed May 12 1915 (28) J. B. Thomas 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.
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.

McCaw, of Columbia.