

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1-1000-1000000

397

City of Charleston.....

County of Ward

City of Charleston.....

Registration District No. 9 A

Registered No.
(For use of Local Registrar)

(No. 15-11-11)

St. Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Full Name of Child Mavis Mae SingletonSex Female
(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

Is the child living? Yes(7) DATE OF BIRTH Jan 5 1923
(Month) (Day) (Year)

FATHER.

(9) FULL NAME George W. Singleton(10) PRESENT RESIDENCE OF FATHER Charleston S.C.(12) COLOR OR RACE White(13) BIRTHPLACE South Carolina(14) OCCUPATION Shipping Clerk(15) Number of children born to mother, including present birth 3

MOTHER.

(16) NAME BEFORE MARRIAGE Lena Louis Fogarty(17) PRESENT RESIDENCE OF MOTHER Charleston S.C.(18) COLOR OR RACE White(19) BIRTHPLACE Charleston S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife Physician

Give name added from a supplemental report

(25) Witness

(Signature of Witness when question 23 is signed by mother & 2)

(26) Filed 1/18 23

(27) 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.