

(1) PLACE OF BIRTH

County of FlorenceTownship of Jane Bay

City of

(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

49094

Registration District No. 2014 Registered No. 10
(For use of Local Registrar)2) Full Name of Child. Jessie Lee Singletary If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 14 1906
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Frederick R. Singletary(10) PRESENT POSTOFFICE OF FATHER Effingham S.C.(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 36 (Years)(13) BIRTHPLACE Near Conards(14) OCCUPATION Farming(15) Number of children born to mother, including present birth 8

MOTHER.

(16) NAME BEFORE MARRIAGE Nellie M. Matthews(17) PRESENT POSTOFFICE OF MOTHER Effingham S.C.(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 30 (Years)(20) BIRTHPLACE Near Conards(21) OCCUPATION House Keeping(22) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born at 3 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Caroline W. ... (25) Address of Physician or Midwife Effingham S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1906 (28) D. C. Hill 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.

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.