

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17947

County of Charleston  
Township of St. James  
or  
Inc. Town of McClellanville  
or  
City of .....Registration District No. 906Registered No. 49  
(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 Orshla Singleton

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

3 SEX OR SEX <u>Male</u>	4 Twin or Triplet? <u>Yes</u>	5 Number in order of birth <u>11</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 9, 22</u> (Month Day Year)
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## FATHER.

8 FULL  
NAME Robert Singleton

9 PRESENT  
OFFICE  
OF FATHER McClellanville

10 COLOR  
OR  
RACE Negro

11 AGE AT LAST  
BIRTHDAY 47  
(Years)

12 BIRTHPLACE Charleston Co

13 OCCUPATION Cotton

## MOTHER.

14 NAME BEFORE  
MARRIAGE Russica German

15 PRESENT  
POSTOFFICE  
OF MOTHER McClellanville

16 COLOR  
OR  
RACE Negro

17 AGE AT LAST  
BIRTHDAY 36  
(Years)

18 BIRTHPLACE Charleston Co

19 OCCUPATION Cotton

20 Number of children born to  
mother, including present birth 11

21 Number of children of this mother  
now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Born alive ...at... 8 P.M....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Rains(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Beck, HallGiven name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed July 8, 22 (28) Geo E Beckman  
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.

FIRST-BORN, No. 1 THIS OFFICE, No. 2, etc. in question 3

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.