

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child

Sarah Singleton

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec - 28 1879
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Singleton

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Mc. Clermanville S.C.

(13) OCCUPATION

Laborer

(14) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Margeline Gooden

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Housekeeper

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 6:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Wm. H. Johnson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

116 Spring St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/30/19

(28)

Local Registrar

When there was no attending physician or midwife, then the father, household head, 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.

Filed on 12/30/19