

Form No 1.

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

Inc. Town of .....

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 Only

48163

Registration District No. ....

Registered No. 13

(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Sarah Singleton

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

(3) <del>SEX</del> OR GEM?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be completed in case of Twin or Triplet		<u>Yes</u>	<u>February 6, 1914</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph Small(9) PRESENT POSTOFFICE OF FATHER Burton S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Old French Plantation(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena Singleton(15) PRESENT POSTOFFICE OF MOTHER Burton S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Old French Plantation(19) OCCUPATION Farmer's daughter(20) 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 born alive on the date above stated. (Born) alive or stillborn(23) (Signature) Machel

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Burton S.C.

Green name added from a supplemental report

(26) Witness Lillian H. Rice

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/1/14 (28) L. M. Davis Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING. THIS IS A PERMANENT RECORD. 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 2.

Reg. of Columbia