

## (1) PLACE OF BIRTH

County of De KalbTownship of BellevueInc. Town of SwainsboroCity of Swainsboro

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26842

Registration District No. 203Registered No. 287  
(For use of Local Registrar)(No. 203 St. 287 Ward 287)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Lexella Singleton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Parents Married yes (7) DATE OF BIRTH Sept 24 1923  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Charley Singleton  
(9) PRESENT POSTOFFICE OF FATHER Swainsboro  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Year)  
(12) BIRTHPLACE GA  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3MOTHER.  
(14) NAME BEFORE MARRIAGE John May Callow  
(15) PRESENT POSTOFFICE OF MOTHER Swainsboro  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Year)  
(18) BIRTHPLACE GA  
(19) OCCUPATION House Wife  
(20) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Erica Nelson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagon

Given name added from a supplemental report

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

(27) Filed Sept 26 1923 (28) 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.

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 1.

Bureau of Statistics, Columbia, S. C.