

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helenaor
Inc. Town ofor
City ofRegistration District No. 60X Registered No. 86
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jorie Dell SingletonFile No. 63217 For State Registrar Only

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>(to be answered only in event of twins or triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Arthur Singleton</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Wagunee, SC</u>	(12) BIRTHPLACE <u>SC</u>
(10) COLOR OR RACE <u>Negro</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Josephine</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Wagunee, SC</u>	(18) BIRTHPLACE <u>SC</u>
(16) COLOR OR RACE <u>Negro</u>	(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

1916

Registrar

(26) Witness W. H. Danner

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

(27) Filed June 16 1916(28) Des H. Parker 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N.B.—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 5.
McCaw, of Columbia