

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. 63217 For State Registrar Only

(1) PLACE OF BIRTH
 County of Beaufort
 Township of St. Helena
 or
 Inc. Town of
 or
 City of Registration District No. 604 Registered No. 86
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

(2) Full Name of Child Josie Bell Singleton } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 14 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Arthur Singleton
 (9) PRESENT POSTOFFICE OF FATHER Waggoner, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine
 (15) PRESENT POSTOFFICE OF MOTHER Waggoner, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House-wife
 (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 W. Winters

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Waggoner, S.C.

Given name added from a supplemental report

(26) Witness A. E. Wainor
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15 1916 (28) Geo. H. Proctor
 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.
 McCraw, of Columbia