

(1) PLACE OF BIRTH

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

File No. for State Registrar Only
32118

County of

Township of

Inc. Town of

City of

Registration District No. **9A**

Registered No. **1714**
(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 **Richard Eugene Singleton** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Boy** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Parents Married? **Yes** DATE OF BIRTH **Nov. 23, 1923**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **James Singleton**

(9) PRESENT POSTOFFICE OF FATHER **Charleston, S.C.**

(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **39** (Year)

(12) BIRTHPLACE **Sumter, S.C.**

(13) OCCUPATION **Crook**

(20) Number of children born to mother, including present birth **12**

MOTHER.

(14) NAME BEFORE MARRIAGE **Beatrice Stevens**

(15) PRESENT POSTOFFICE OF MOTHER **Charleston, S.C.**

(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **24** (Year)

(18) BIRTHPLACE **Charleston**

(19) OCCUPATION **House Keeper**

(21) Number of children of this mother now living, including present birth **13**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was **alive** at **5:31** at **2:30 AM** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Pauline Brooks**

(24) State whether Physician or Midwife **Midwife**

(25) Address of Physician or Midwife **151 Conner St.**

Given name added from a supplemental report

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

(27) Filed **11/24** 19 **23** 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.

If a child breathes even once, it must not be reported as stillborn.