

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6888

Registration District No. 901

Registered No. 44
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Ben Singleton

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

one

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Mar 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wade Singleton

(9) PRESENT POSTOFFICE OF FATHER

1115 Pleasant

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

Charleston Co.

(13) OCCUPATION

Harmon

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Wright

(15) PRESENT POSTOFFICE OF MOTHER

1115 Pleasant

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Charleston Co.

(19) OCCUPATION

house work

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

7

(21) Number of children of father now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.at 9 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 12, 1922

(28)

L. D. Lank
Local Registrar

..... 19

*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.