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

County of .....Charleston.....

Township of ....

In Town of ....

City of .....Charleston..... (No. 55 .....Beaufain..... St.; .....Ward)

Registration District No. 9A

Registered No. .... (For use of Local Registrar)

File No.—For State Register Only **406**

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) Full Name of Child .....Baby Singleton..... { If child is not yet named, make supplemental report as directed

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH .....January 13..... (Name of Month) (Day) (Year)

Sex of Child? **Boy**

FATHER.	MOTHER.
FULL NAME John Singleton	(14) NAME BEFORE MARRIAGE Clarissa Singleton
PRESENT POSTOFFICE OF FATHER Charleston	(15) PRESENT POSTOFFICE OF MOTHER Charleston
COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE James Island	(18) BIRTHPLACE James Island
OCCUPATION Fisher	(19) OCCUPATION Housewife
Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .....alive..... at 3½ A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) ....M. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife ....

When name added from a supplemental report

.....191.....

Registrar

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

(27) Filed 1.15.191.. (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.