

1. PLACE OF BIRTH
County of CHARLOTTE

Township of WILKINSON

Town of CHARLOTTE
or
of CHARLOTTE

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Division of Vital Statistics
State Department of Health

Registration District No. 94

No. 612 Mother's No. 1224747

FILE No.—For State Department
35085

FULL NAME OF CHILD BOB BYRON

Sex or Girl Boy 11. Place of birth City 12. Age at last birthday 47 (Years) 13. Legitimacy Yes 14. Date of birth May 20, 1900

Full name JOHN BYRON FATHER

Residence (usual place of abode) (If nonresident, give place and date) City

Color or race Col. 15. Age at last birthday 47 (Years)

Birthplace (city or place) (State or country) DOUGLAS S.C.

16. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. LABORER

17. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

18. Date (month and year) last engaged in this work 19

19. Total time (years) spent in this work

Full name MAIRY SINGLETON MOTHER

Residence (usual place of abode) (If nonresident, give place and date) City

Color or race Col. 20. Age at last birthday 47 (Years)

Birthplace (city or place) (State or country) DOUGLAS S.C.

21. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, typist, nurse, clerk, etc. DOMESTIC

22. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

23. Date (month and year) last engaged in this work 19

24. Total time (years) spent in this work

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

If stillborn, period of gestation 9 months 20 weeks 25. Cause of death Before labor During labor After labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive on May 20, 1900 at City (Born alive or stillborn)

When there was no attending physician or midwife, then the father, grandfather, or other person, should make this report, and his name added from supplemental report.

(Date of)

(Signed) MAIRY SINGLETON

or MAIRY SINGLETON

Address City

Filed 1900