

MARGIN RESERVED FOR BINDING.

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 6.

McCaw, of Columbia

(1) PLACE OF BIRTH  
County of Charleston S.C.  
Township of " "  
or " "  
Inc. Town of " "  
or " "  
City of " "  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only  
**45581**

Registration District No. 45 Beaufort Registered No. 4.8  
(For use of Local Registrar)  
SL; Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James 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) Are Parents Married? No (7) DATE OF BIRTH Jan. 15, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Elliott Singleton  
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 60 (Years)  
(12) BIRTHPLACE Wadmalaw Isl. S.C.  
(13) OCCUPATION laborer  
(20) Number of children born to mother, including present birth Three

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Grant  
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Wadmalaw Isl. S.C.  
(19) OCCUPATION washerwoman  
(21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 1140 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. R. K. Roche  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Roper Hospital, City

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 1/17/16 (28) J. Mercer's Green, M.D. 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.