

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 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

13805

Registration District No. 605Registered No. 63
(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 Crota Clarke

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH May 1, 1922
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Harold Singleton
 (9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Clarke
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1: P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabel Green x Frogmore
 (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 24 is signed by mark)

(27) Filed

1922

(28) 1922

(29) 1922

(30) 1922

(31) 1922

(32) 1922

(33) 1922

*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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 5.
 REGISTRAR OF COLUMBIA, COLUMBIA, S. C.