

(1) PLACE OF BIRTH
County of Charles
Township of

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

File No.—For State Registrar Only

41274

1919

or
Inc. Town of Charles
City of Charleston (No. Box 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 Baby Rosalee Singleton { If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 24 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Singleton
(9) PRESENT POSTOFFICE OF FATHER 69 Rut St
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Rosalee Singleton
(15) PRESENT POSTOFFICE OF MOTHER 69 Rut St
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Dom.

(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 Alive at M.,
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Thos. F. Bellard
(24) (Name whether Physician or Midwife) Charles F. Bellard

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 1/3 1922 (28) J. H. Green 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.

Corrected: JUN 24 1940