

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 5.

McClaw, of Columbia.

## (1) PLACE OF BIRTH

County of *Berkley*  
Township of *St. Thomas*or  
Inc. Town of

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

75882

Registration District No. *70*Registered No. *17*  
(For use of Local Registrar)(2) Full Name of Child *Wm. Marshall*

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

(3) BOY OR GIRL?

*boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Sept. 12, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Nat Singleton*

(9) PRESENT POSTOFFICE OF FATHER

*Wando Sc*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*42*  
(Years)

(12) BIRTHPLACE

*Berkley S.C.*

(13) OCCUPATION

*Farmer*

(20) Number of children born to mother, including present birth

*thirteen*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Margaret Grant*

(15) PRESENT POSTOFFICE OF MOTHER

*Wando Sc*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*38*  
(Years)

(18) BIRTHPLACE

*Berkley S.C.*

(19) OCCUPATION

*House wife*

(21) Number of children of this mother now living, including present birth

*8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Beckie Noelbeck*

(24) State whether Physician or Midwife

*midwife*

(25) Address of Physician or Midwife

*Wando Sc*

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 *Sept. 13, 1916*

(28)

*W. E. Cooke*

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.