

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Isld
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
88848

Registration District No. 905

Registered No. 129
(For use of Local Registrar)

City of (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 Frank Singleton

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 Dec 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Lou Singleton
(15) PRESENT POSTOFFICE OF MOTHER Mullet Hall
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Johns Island
(19) OCCUPATION Farm laborer
(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 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Patsy Pinckney

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Mullet Hall

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 9 1917 (28) W. C. Hille 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.