Form No 1.

(2) PLACE OF BIRTH

County of Bedford

Township of Colerain

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

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Use

48629

Registration District No. 13 2 1 K

Registered No. 1

(Do not write in these spaces)

(2) Full Name of Child Martha Singleton

If child is not named, make supplemental report when named.

(3) BOY OR GIRL? girl

(4a) Twin, Triplet, or Quadruplet?

(4b) Number in order of birth 1

(4c) Are Parents Married? Yes

(4d) DATE OF BIRTH Feb. 16, 1915

(Month) (Day) (Year)

FATHER

(5) FULL NAME Alex Singleton

(9) PRESENT POSTOFFICE OF FATHER Summerton SC

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Jordan SC

(13) OCCUPATION Farmer

(22) Number of children born to mother, including present birth 5

MOTHER

(6a) MAIDEN NAME BEFORE MARRIAGE Drene Singleton

(6c) PRESENT POSTOFFICE OF MOTHER Summerton SC

(6d) COLOR OR RACE negro

(6e) AGE AT LAST BIRTHDAY 22 Years

(6f) BIRTHPLACE Jordan SC

(6g) OCCUPATION Housework

(6h) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22a) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Given name of child) Martha (Month) Feb. (Day) 16 (Year) 1915

(23) (Signature) Beulah Datt

(24) Address or Residence Summerton SC

(25) Date signed Feb 17 1915

(26) Address

(27) Filed Feb 17 1915

(28) Registrar

Given name added from a supplemental report dated 19..

Registrar

Date

Printed name and signature of person making supplemental report

Address

Columbia, South Carolina

Form No. 1—BOH—5M—8-14

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ALL RIGHTS RESERVED FOR BINDING.

PENALTY FOR USING THIS IN A FRAUDULENT MANNER.

THIS IS A DUPLICATE OF THE ORIGINAL CERTIFICATE OF BIRTH FOR THE PERSON NAMED HEREON.

DIRECTIONS FOR FILLING OUT THIS BLANK

This blank has a duplicate. Use pencil and make the impression clear. Write plainly. Use ink—this is a permanent record.

Fill out a separate blank for each child, and mark the certificate No. 1, 2, etc., in question 1.