

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

File No.—For State Registrar Only
48427

(1) PLACE OF BIRTH

County of CharlestonTownship of Mount Pleasantor
Inc. Town of Sullivan's Islandor
City ofRegistration District No. 912 Registered No. 7
 (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 Edith Singleton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 4 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Singleton</u>	(14) NAME BEFORE MARRIAGE <u>Isabella Grant</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>Mount Pleasant</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mount Pleasant</u>
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(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
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(12) BIRTHPLACE <u>Christ Church Parish</u>	(18) BIRTHPLACE <u>Christ Church Parish</u>
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(13) OCCUPATION <u>Cook</u>	(19) OCCUPATION <u>Houseman</u>
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(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah M. Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mount Pleasant S.C.(26) Witness S. C. Roberts
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 12 1916 (28) James Roberts 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.

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.

Clav. of Columbia