

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of Charleston STATE OF SOUTH CAROLINA.Township of James Island Bureau of Vital Statistics

Inc. Town of State Board of Health

City of Registration District No. 904

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

88837

Registered No. 114
(For use of Local Registrar)(2) Full Name of Child Henry Singleton } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Singleton(9) PRESENT POSTOFFICE OF FATHER Gas field(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Gas field(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emma M. Neil(15) PRESENT POSTOFFICE OF MOTHER Gas field(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Gas field(19) OCCUPATION House wife(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 at M.,
(Born alive or stillborn) (How A. M. or P. M.)
on the date above stated.(23) (Signature) X Sealbrook Sealbrook(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife 91 Charleston St.

Given name added from a supplemental report

Sealbrook 1916
Local Registrar

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

(27) Filed Dec. 16, 1916 (28) R. F. Grinnall
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.