

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. StephensInc. Town of St. Stephens

or

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

16864

Registration District No. 706 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child

Alice Singleton

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

3) BOY OR GIRL

G

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

Female(7) DATE OF BIRTH June 23

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Singleton

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

St. Stephens

(13) OCCUPATION

Lab Work

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

1

(14) NAME BEFORE MARRIAGE

Berulah Preston

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

St. Stephens

(19) OCCUPATION

House

(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 2 P. M., on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.)

(23) (Signature)

Latie Alick

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

St. Stephens

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

July 3, 1923

(28) By

Mr. A. Floyd

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.