

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Jamesor Inc. Town of McClellanville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6918

Registration District No. 906Registered No. 17
(For use of Local Registrar)

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

(2) Full Name of Child Caroline Bell Singleton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Singleton(9) PRESENT POSTOFFICE OF FATHER McClellanville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Charleston Co(13) OCCUPATION day Labor(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Connick(15) PRESENT POSTOFFICE OF MOTHER McClellanville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Charleston Co(19) OCCUPATION day Labor(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patricia Weston(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife McClellanville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 2 1922

(28) 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.