

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of ... Charleston

Township of ... St. Paul

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

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.

22 050192

Registration District No. 910

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Marther Singleton

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

(3) BOY OR GIRL F

(4) Twin or Triplet? twin

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 1/21/22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Singleton(9) PRESENT POSTOFFICE OF FATHER Meggetts, S.C.(10) COLOR OR RACE Col.

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE don't know(13) OCCUPATION Laborer at Turpentine Still(20) Number of children born to mother, including present birth eight

MOTHER.

(14) NAME BEFORE MARRIAGE Elsie ----(15) PRESENT POSTOFFICE OF MOTHER Meggetts, S.C.(16) COLOR OR RACE col

(17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE don't know(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Stewart(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Younges Island

Given name added from a supplemental report

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

2-10-22

WH Marvin

(27) Filed 19 (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.