

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13808

66

Registration District No. 607Registered No. _____
(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 Charles 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 MAY 8 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Marion Singleton
 (9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE Ladies Island S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 13

MOTHER

(14) NAME BEFORE MARRIAGE Diana Fields
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 43(?) (Years)
 (18) BIRTHPLACE Ladies Island S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabel Green, Frogmore S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witness _____

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 5/10 1922(28) J. B. Thomas 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.

MARGIN RESERVED FOR INDEXING.
 WHEN PLAINLY AND UNERRINGLY THIS IS A PRESENT RECORD
 IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.