

Form No. 3

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 or
 Ex. Town of Beaufort
 or
 City of Beaufort

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37820

Registration District No. 9.03A Registered No. 69
 (For use of Local Registrar)

(No. St.; Ward)
 If child is born in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Belwin Singleton If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Male (4) Are Parents Married? Yes (5) DATE OF BIRTH Nov. 26 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Singleton

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Williams(15) PRESENT POSTOFFICE OF MOTHER Dale, S.C.(16) COLOR OR RACE Negro

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Judith R. White(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Dale, S.C.

Given name added from a supplemental report

(26) Witness J. H. H. H.

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

(27) Filed Dec. 4 1922(28) M. E. H. H. 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.