

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (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
58807

Registration District No. 604 Registered No. 80
 (For use of Local Registrar)

(2) Full Name of Child E. Ida 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 16 1911
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Singleton
 (9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Isabella Chaplin
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 43 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lydia G. Rivers

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Frogmore S.C.

Given name added from a supplemental report

(26) Witness R. D. Davis (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 3 1911 (28) Geo. H. Crocker 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 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