

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

(1) PLACE OF BIRTH

County of Charleston

Township of James

or Inc. Town of James

or City of James

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14044

Registration District No. 904

Registered No. 41

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 24, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Abraham Singleton
(9) PRESENT POSTOFFICE OF FATHER James Island
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33
(Year)
(12) BIRTHPLACE James Island
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Clah L. Pettit
(15) PRESENT POSTOFFICE OF MOTHER James Island
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
(Year)
(18) BIRTHPLACE James Island
(19) OCCUPATION Housewife
(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 born at James Island M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel L. Abbott
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report
Georg Seabrook
Registrar

(26) Witness R. F. Grimball
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 31, 1922 (28) R. F. Grimball
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.