

Form No. 1

(1) PLACE OF BIRTH
County of WindsorTownship of Kingor
Inc. Town ofor
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.—For State Registrar Only

50687

Registration District No. 4302 Registered No. 17
(For use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Audie 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? (7) DATE OF BIRTH July 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Judith Singleton(9) PRESENT POSTOFFICE OF FATHER Kingston R.F.D.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Windsor(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Rocna Singleton(15) PRESENT POSTOFFICE OF MOTHER Kingston R.F.D.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Windsor(19) OCCUPATION Housekeeper(20) Number of children born to mother, including present birth 6 (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 white at 12 M., (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Chas. F. Singleton(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Kingston R.F.D.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark.)
Judith Singleton(27) Filed July 28, 1916 (28) O. B. Robinson 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.

MARCH 1916 REVISED 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.