

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldon

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 603ANo. for State Registrar only
81846Registered No. 41

(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 Markey Singleton

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 11, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(1) FULL NAME Markey Singleton(2) PRESENT POSTOFFICE OF FATHER Dale S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE Beaufort Co., S.C.(13) OCCUPATION Farm Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Gaster(15) PRESENT POSTOFFICE OF MOTHER Dale S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Beaufort Co., S.C.(19) OCCUPATION Housewife

(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha X Green(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Dale S.C.

Given name added from a supplemental report

(26) Witness Walter Alston (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 20, 1923 (28) E. M. Green

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.

1. 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 GREEN INK.