

## (1) PLACE OF BIRTH

County of FairfieldTownship of 13

OF

Inc. Town of

OF

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

Thomas Douglass

(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) Age Parents Married yes (7) DATE OF BIRTH Sept 18, 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME James Douglass(9) PRESENT POSTOFFICE OF FATHER White Oak, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 3 (Year)(12) BIRTHPLACE White Oak(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Nannie Hemphill(15) PRESENT POSTOFFICE OF MOTHER White Oak, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 3 (Year)(18) BIRTHPLACE Blackstock(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 alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Ockett(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cornwell, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 28, 22

(28)

Mrs L. F. Keister

Local Registrar

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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.