

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Rosevilleor  
Inc. Town of .....

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

59215

Registration District No. 1107Registered No. 36

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Thomas Douglass Jr.

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

(3) BOY OR  
GIRL? Girl(4) Twin  
or Triplet? 1

To be answered only in event of twins or triplets

(5) Number in  
order of birth 1(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Apr. 9

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Thomas Douglass(9) PRESENT  
POSTOFFICE  
OF FATHER Greenville S.C.(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 30

(Years)

(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farmer(20) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Florence Barber(15) PRESENT  
POSTOFFICE  
OF MOTHER Greenville S.C.(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 24

(Years)

(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Farmer(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mary R. Douglass(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.Given name added from a supplement-  
tal report(26) Witness R. T. Varnadore(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 1916(28) Greenville S.C.

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.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—DO NOT WRITE IN PENCIL OR IN RED INK—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
McCauley, of Columbia