

(1) PRAGE OF BIRTH

County of Florence
Township of Timonsville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 17886

Inf. Town of Registration District No. 27.15 Registered No. 123
(For use of Local Registrar)
City of (No.) (Name of street and number.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Douglass Eugene Langston, .. If child is not yet named, make supplemental report as directed

(1) 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 June 13, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME George Washington Langston

(9) PRESENT POSTOFFICE OF FATHER S.C. R.F.D. #1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Florence Co., S.C.

(13) OCCUPATION Lumberman (Saw Mill Owner)

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

MOTHER

(14) NAME BEFORE MARRIAGE Monna Clyde Chason

(15) PRESENT POSTOFFICE OF MOTHER S.C. R.F.D. #1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Wakulla Co., Fla.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11:45 P.M. June 13, 1923 on the date above stated.
(Hour of birth or stillborn) (Hour A.M. or P.M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6/15/23 (28) A. H. Nelson 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.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

McCaw, of Columbia