

## (1) PLACE OF BIRTH

County of Saunders

Township of .....

Inc. Town of Winston S.C.

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Use

17519

Registration District No. 19-aRegistered No. 21  
(For use of Local Registrar)

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

(2) Full Name of Child Wilhelmina Kaye Douglas3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth one 6. Are Parents Married? yes 7. DATE OF BIRTH June 22, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Robert L. Douglas9. PRESENT POSTOFFICE OF FATHER Winston S.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 30  
(Years)12. BIRTHPLACE Winston S.C.13. OCCUPATION Doctor14. Number of children born to mother, including present birth one

## MOTHER.

14. NAME BEFORE MARRIAGE Wilhelmina Kaye15. PRESENT POSTOFFICE OF MOTHER Winston S.C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 25  
(Years)18. BIRTHPLACE Wallhalla S.C.19. OCCUPATION Domestic20. Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. & P. M.)(22) (Signature) J. C. Douglas (23) State whether Physician or Midwife Physician (24) Address of Phys. or Midwife Winston S.C.

Given name added from a supplemental report

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

(26) Filed July 10, 1923 (27) P. M. Haynes 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.

Registrar

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