

THIS IS A PRELIMINARY RECORD
 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 question 5.
 Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of *York*

Township of *York*

OR

Inc. Town of

OR

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 *Shoy Douglass*

File No.—For State Registrar Only

9568

Registration District No. *4408* Registered No. *38*

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in Order of birth

(6) Are Parents Married?

(7) BIRTH DATE *Mar. 15, 1922*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Willie Douglass*

(9) PRESENT POSTOFFICE OF FATHER *Tirzah, S.C.*

(10) COLOR OR RACE *col.* (11) AGE AT LAST BIRTHDAY *37* (Years)

(12) BIRTHPLACE *Chertur co.*

(13) OCCUPATION *Farming*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Hattie Walker*

(15) PRESENT POSTOFFICE OF MOTHER *Tirzah, S.C.*

(16) COLOR OR RACE *col.* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *Chertur co.*

(19) OCCUPATION *Farming*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6:40 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Laura Simpson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Tirzah, 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 *Mar 16, 1922* (28) *John M. M...* 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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