

FORM NO. 5  
 MARGIN RESERVED FOR BINDING.  
 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.  
 State of Columbia

(1) PLACE OF BIRTH

County of Lancaster, S.C.  
 Township of Y. ...  
 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.)

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

File No. — For State Registrar Only  
**46733**

Registration District No. 2908 Registered No. 3  
 (For use of Local Registrar)

(2) Full Name of Child Mary Annie Be Douglass

St.: ..... Ward:  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet?  (5) Number in order of birth  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 25 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John Douglass

(9) PRESENT POSTOFFICE OF FATHER ...

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Lancaster, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Betty Dowden

(15) PRESENT POSTOFFICE OF MOTHER ...

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE ...

(19) OCCUPATION ...

(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Charles E. Rogers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Lancaster

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

(27) Filed 2/14 1916 (28) K. G. Harris 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.