

MECHAN OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of Charleston
 Township of Wentworth
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

(2) Full Name of Child James Douglas

File No.—For State Registrar Only
18190

Registration District No. 1206

Registered No. 67
 (For use of Local Registrar)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 6/12/22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Douglas

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 46

(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Fellie Lee

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 35

(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. M. Duncan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston 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 7/8/22

W. H. Hampton 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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