

SEEDED FOR BINDING.  
 READING INK—THIS IS A PERMANENT RECORD.  
 SETS ARE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 No. 1. THIS OFFICE, No. 2, etc., in question 5.

WRITING  
 N. B.—In case of  
 FILED  
 DEPT. OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of Collins  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**34243**

Registration District No. 1802 Registered No. 20  
 (For use of Local Registrar)

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 Henry Lee Doolittle 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 5 1922  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Lee Doolittle  
 (9) PRESENT POSTOFFICE OF FATHER Madoc SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Year) .....  
 (12) BIRTHPLACE Edgefield, Co. SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Readman  
 (15) PRESENT POSTOFFICE OF MOTHER Madoc, S.C. Rt 1  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
 (Year) .....  
 (18) BIRTHPLACE Edgefield, Co. SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.  
 on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Whellock M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Colts Spring SC

Given name added from a supplemental report

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

(27) Filed Oct 6 1922 (28) A. H. Qualls  
 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.