

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Catawba

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

Sallie Elizabeth Douglas

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45042

Registration District No. 4404Registered No. 142
(For use of Local Registrar)

St.; Ward)

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Is to be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 25
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Douglas

(9) PRESENT POSTOFFICE OF FATHER

Leola S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Roddy

(15) PRESENT POSTOFFICE OF MOTHER

Leola

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Laborer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/10/16(28) J. R. Miller
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.

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—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.