

(1) PLACE OF BIRTH
County of Fairfield
Township of 2
or
Inc. Town of
or
City of

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

No. for State Registrar Only
17532

Registration District No. 1901 Registered No. 58
(For use of Local Registrar)

(2) Full Name of Child Charles Bruce Douglas (No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3. BOY OR GIRL Boy 4. Twin or Triplet No 5. Number in order of birth 3 6. Are Parents Married Yes 7. DATE OF BIRTH June 16, 1923
(Month of Month) (Day) (Year)

FATHER.
8. FULL NAME C. A. Douglas
9. PRESENT POSTOFFICE OF FATHER Blackstock Sc
10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 34 (Years)
12. BIRTHPLACE Fairfield Co. S.C.
13. OCCUPATION Farm

MOTHER.
14. NAME BEFORE MARRIAGE Agnes Price
15. PRESENT POSTOFFICE OF MOTHER Blackstock Sc
16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 30 (Years)
18. BIRTHPLACE Fairfield Co. S.C.
19. OCCUPATION Housewife

20. Number of children born to mother, including present birth 3 21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician, Midwife, or other Midwife (25) Address of birth Blackstock Sc

Given name added from a supplemental report
(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 10, 1923 (28) [Signature] 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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