CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48555

(1) PLACE OF BIRTH

County of Chester

Township of Ross Hill

or
Inc. Town of ..... Registration District No. 1107 Registered No. 5
(For use of Local Reistrar)

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 Douglas McCollough If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy		one	Yes	2 (Name of Month), 2 (Day), 1 (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Douglas McCollough	(14) NAME BEFORE MARRIAGE	Liggie Green
(9) PRESENT POSTOFFICE OF FATHER	Fort Lawn S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Fort Lawn S.C.
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY	18 (Years)
(12) BIRTHPLACE	Fairfield Co. S.C.	(18) BIRTHPLACE	Chester Co. S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	one	(21) Number of children of this mother now living, including present birth	one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was four days 2 10 a.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chorney L. Green

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort Lawn S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness H. F. Anderson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/9 1916 (28) R. F. Vermadoe 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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Form No. 10. MARGIN RESERVED FOR BINDING.
WRITE 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.
McCaw, of Columbia.