

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.

Caw. of Columbia

## (1) PLACE OF BIRTH

County of FlorenceTownship of Lake Cityor  
Inc. Town of

City of

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marnie Douglas

File No.—For State Registrar Only

42791

Registered No. 133

(For use of Local Registrar)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 5-5</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>A. Douglas</u>			(14) NAME BEFORE MARRIAGE <u>Eva M. Cutchner</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lake City S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Wilmington S.C.</u>			(18) BIRTHPLACE <u>Lake City S.C.</u>	
(13) OCCUPATION <u>electrician</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5-</u>			(21) Number of children of this mother new living, including present birth <u>5-</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 11:50 P.(23) (Signature) Lizzie T. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City S.C.Given name added from a supplemental report  
191....  
Registrar(26) Witness Wm. C. D. Rollins  
(Signature of Witness necessary only when question 22 is signed by nurse)(27) Filed Dec. 7-5 191.5 (28) C. D. Rollins  
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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