

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Beaufort
Township of
or
Inc. Town of
or
City of Columbia
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23634

Registration District No. 38

Registered No. 1528
(For use of Local Registrar)

(2) Full Name of Child Colin Hayward Douglas

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 23rd 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Hayward Douglas

(9) PRESENT POSTOFFICE OF FATHER Columbia SC

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Columbia, SC

(13) OCCUPATION Salesman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Bellie McGregor

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Columbia, SC

(19) OCCUPATION At work

(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 born alive at 4:45 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. B. Hayward

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Columbia SC

Given name added from a supplemental report

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

(27) Filed 2-28 19 22 (28) 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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