

(1) PLACE OF BIRTH

County of .. *Aiken* ..

Township of .. *McTier* ..

Inc. Town of ..

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

*Horace Douglas*

File No.—For State Registrar Only

71097

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *208* Registered No. *13*

(For use of Local Registrar)

St.: .. Ward)

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Aug. 20*, 191*6*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*John Dougless*

(9) PRESENT POSTOFFICE OF FATHER

*Earle, S.C.*

(10) COLOR OR RACE *white*

(11) AGE AT LAST BIRTHDAY *24* (Years)

(12) BIRTHPLACE

*Aiken Co.*

(13) OCCUPATION

*Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE

*Bertha Sheppard*

(15) PRESENT POSTOFFICE OF MOTHER

*Earle, S.C.*

(16) COLOR OR RACE *white*

(17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE

*Aiken Co.*

(19) OCCUPATION

*Housewife*

(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 *alive* at *11:30* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. D. Dantzler, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Earle, S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Aug 25*, 191*6*

(28) *W. M. Foley* 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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