

(1) PLACE OF BIRTH

County of

Township of

or
 Inc. Town of

or
 City of Columbia (No. 421 Bull 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 Camelius Douglas

File No.—For State Registrar Only
5021

Registration District No. 38²

Registered No. 100
 (For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 20 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Johnson Douglas
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 38 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Laborer, Olympia Mill
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Millie Douglas
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 36 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive at 1:55 A.M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) L. B. Taber
 (25) State whether Physician or Midwife Physician
 (26) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

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

(27) Filed 2/23 1923 W. J. Shaw 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.