

North Carolina State Board of Health  
BUREAU OF VITAL STATISTICS

41665

1. PLACE OF BIRTH Charleston S.C. STANDARD CERTIFICATE OF BIRTH

Registration District No. 1203

Certificate No. 158

2. FULL NAME OF CHILD Sanford Douglass (If birth occurred in hospital or institution, give its name instead of street and number)

3. Sex of child Boy To be answered only in event of plural births. 4. Twin, triplet, or other 5. Parents married yes 7. Date of birth Dec 29 1922 (Name of Month) (Day) (Year)

8. FATHER J. C. Douglass

14. MOTHER Glenzie Rodfern

9. Residence (Usual place of abode) If nonresident, give place and State

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10. Color or race Negro 11. Age at last birthday 30 (Years)

16. Color or race Negro 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) (State or country) anson S.C.

18. Birthplace (city or place) (State or country) Charleston S.C.

13. Occupation farming

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20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive, but now dead (c) Stillborn

21. Did you use drops in baby's eyes at birth to prevent blindness? yes If not, why not?

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. (Born alive or stillborn) (Hour, a.m. or p.m.)

(Signature) Sallie De Pew (State whether physician or midwife)

24. P.O. Morrison etc

25. Witness (Signature of witnesses necessary only when 23 is signed by midwife)

26. Filed Jan 5 1923 27. M. S. Watson

Registrar

28. If no attending physician or midwife, then the father, householder, etc., should make this return. If a child is desired of stillbirths before the fifth month of pregnancy.