

(1) PLACE OF BIRTH

County of Chester

Township of

or

Inc. Town of

or

City of Chester

(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

45741

Registration District No. 119 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child. Robert Reuben Douglas

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 10 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Reub. Douglas(9) PRESENT POSTOFFICE OF FATHER Chester(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Chester Co(13) OCCUPATION laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Allen(15) PRESENT POSTOFFICE OF MOTHER Chester(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary A. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness J. S. Legee
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed Jan 16 1916 (28) J. H. French 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.

McCaw, of Columbia
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, with "1" and the others with "2", "3", etc.