

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4095

Registration District No. 20-A Registered No. 56
(For use of Local Registrar)

(No. St.; Ward)
If birth occurs in a hospital for other institution, give name of same instead of street and number.)

(2) Full Name of Child Douglas Augustus Isaac (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL

4) Twin or Triplet?

5) Number in order of birth 1
To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes

7) DATE OF BIRTH Feb. 9, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Isaac Isaac

9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE Greenville, S.C.

13) OCCUPATION Barber

MOTHER.

(14) NAME BEFORE MARRIAGE Edith M. Douglas

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 16
(Year)

(18) BIRTHPLACE Greenville, S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. H. ...

(24) State whether Physician or Midwife Physician

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

Give name added from a supplemental report

(26) Witness

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

(27) FILED Feb. 14, 1922 (28) C. C. Craft 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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