

(1) PLACE OF BIRTH

County of York
 Township of Colawhe
 or
 Inc. Town of
 or
 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

Hollis Douglas

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 8, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME [Signature]
 (9) PRESENT POSTOFFICE OF FATHER [Signature]
 (10) COLOR OR RACE [Signature] (11) AGE AT LAST BIRTHDAY [Signature] (Years)
 (12) BIRTHPLACE [Signature]
 (13) OCCUPATION [Signature]
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Paula Anderson
 (15) PRESENT POSTOFFICE OF MOTHER Edgemoor S. P. #1
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE York County
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jane Massey
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Colawhe S. P.

Given name added from a supplemental report

(26) Witness J. N. Goolsby
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 8/21/22 (28) J. Massey 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.

*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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

28378

Registration District No. Registered No. 73
 (For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Hollis Douglas

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 8, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME [Signature]
 (9) PRESENT POSTOFFICE OF FATHER [Signature]
 (10) COLOR OR RACE [Signature] (11) AGE AT LAST BIRTHDAY [Signature] (Years)
 (12) BIRTHPLACE [Signature]
 (13) OCCUPATION [Signature]
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Paula Anderson
 (15) PRESENT POSTOFFICE OF MOTHER Edgemoor S. P. #1
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE York County
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jane Massey
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Colawhe S. P.

Given name added from a supplemental report

(26) Witness J. N. Goolsby
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 8/21/22 (28) J. Massey 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.

*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.