

(1) PLACE OF BIRTH

County of Charleston

Township of Blossard

Inc. Town of .....

City of .....

(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

48550

Registration District No. 110.7 Registered No. 1-

(For use of Local Registrar)

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

(3) BOY OR GIRL? B (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH 2 2 6  
(Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Douglas McCollough

(9) PRESENT POSTOFFICE OF FATHER Fort Lawn SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Fairfield Co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth one

#### MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Green

(15) PRESENT POSTOFFICE OF MOTHER Fort Lawn SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Charleston Co SC

(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 Fort Lawn on the date above stated. (Hour A. M. or P. M.) 2 7 A. M.

(23) (Signature) Chas. W. Anderson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort Lawn SC

Given name added from a supplemental report

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

(27) Filed 2/2 1916 (28) R. T. Vanadua 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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Form No. 10. MAINLY RECEIVED UNDER BINDING. WHILE PLAINLY, WITH IMPADING INK—THIS IS A PERMANENT RECORD. N. N. N. N.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. of Columbia. S. CAROLINA. McCRAW.