

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 2.—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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Lee
Township of Cypress
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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90693

(2) Full Name of Child

Lanie May Douglas { 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 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 31, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrison Douglas
(9) PRESENT POSTOFFICE OF FATHER Lamar
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Darlington
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lanie Cooper
(15) PRESENT POSTOFFICE OF MOTHER Lamar
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Darlington
(19) OCCUPATION Housekeeper
(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 12 Noon on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabella Yeomans

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wick

Given name added from a supplemental report

(26) Witness D. Stewart

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

(27) Filed 1/6

1917

(28)

W. B. Bone
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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