

## (1) PLACE OF BIRTH

County of HamptonTownship of Red Plains

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

49450

Registration District No. 2402 Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child Siusha Douchoe

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

(8) FULL NAME <u>Allen Douchoe</u>	(14) NAME BEFORE MARRIAGE <u>Edna Smith</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Hampton</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Hampton Co</u>	(18) BIRTHPLACE <u>Hampton Co</u>
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at Hampton on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Malley Rod midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton P.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 7/18 1916 (28) G. W. Rogers 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.