

(1) PLACE OF BIRTH

County of Anderson

Township of

UP

Inc. Town of

OR

(City of Loxaway Station)

(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

33407

Registration District No. 3A Registered No. 443

(For use of Local Registrar)

(City of Loxaway Station) (No. 1 of 1 Ward)(2) Full Name of Child Ellie Prussilla Rouse If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No To be answered only in case of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH Dec 16 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Wallace Rouse (14) NAME BEFORE MARRIAGE Bertha Todd(9) PRESENT POSTOFFICE OF FATHER Loxaway Station Anderson (15) PRESENT POSTOFFICE OF MOTHER Anderson SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Year) (Year)(12) BIRTHPLACE Greenville SC (18) BIRTHPLACE Ga. Banks Co.(13) OCCUPATION Textile (19) OCCUPATION domestic(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. W. Anderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

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

F. B. CRAYTON,

(27) Filed 19 (28) Anderson SC

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.

a supplementary report (Date of)

Address Route 2, Anderson SCFiled AUG. 20 1924 K. B. Anderson

Registrar