

(1) PLACE OF BIRTH  
County of Anderson  
Township of B. Creek

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

File No. — For State Registrar Only  
47976

Inc. Town of ..... Registration District No. .... Registered No. 6  
(For use of Local Registrar)  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. John R. Rosamond Couch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth .....  
To be answered only in case of twins or triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24 1911  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Horace T. Couch  
(9) PRESENT POSTOFFICE OF FATHER Greenville Woodside Mills  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Greenville S.C.  
(13) OCCUPATION cotton mill operative  
(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Linda Lemmons  
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. P. # 7  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Greenville S.C.  
(19) OCCUPATION house keeper  
(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Rosamond, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S.C. R. # 7

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7-25-11

(28)

J. I. Gentry  
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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