

Form No. 1

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Cedar Springs

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. — For State Registrar Only  
19580Registration District No. 1.R.3 Registered No. 14  
(For use of Local Registrar)(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 Elizabeth Rouse If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH July 5, 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>David Rouse</u>	(14) NAME BEFORE MARRIAGE <u>Louise Kennedy</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abb S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>Abb. S.C.</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Abb S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 12, 1923 (28) Allen Ramsey 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.

WRITE 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 1.