

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Arleton
 or Town of... Pelzer
 or City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32988

Registration District No. 32Registered No. 131
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Ruth Couch

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME Perry Couch (14) NAME BEFORE MARRIAGE Lillian Beasley

(9) PRESENT POSTOFFICE OF FATHER Pelzer SC (15) PRESENT POSTOFFICE OF MOTHER Pelzer SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (Year) (Year)

(12) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION mill work (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Moton(24) State whether Physician or Midwife(25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

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

(27) Filed Nov 4 1922 (28) J. L. Crenshaw Local Registrar

19 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.

MARGIN RESERVED FOR BINDING. 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 5.