

62355-49979
Dec. 20, 1948

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Registration Dist. No. 1313 STANDARD CERTIFICATE OF LIVE BIRTH
Division of Vital Statistics—State Board of Health
Registrar's No. _____ State of South Carolina State File No. _____

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER	
(a) County <u>Charleston</u>	(a) State <u>South Carolina</u>	(b) County <u>Sumter</u>	(b) County _____
(b) City or town <u>Manning</u> (If outside city or town limits, write RURAL)	(c) City or town <u>Mayer'sville</u> (If outside city or town limits, write RURAL)	(c) City or town _____	(c) City or town _____
(c) Name of hospital or institution _____ (If not in hospital or institution, give street number or location)	(d) Street No. _____ (If rural, give location)	(d) Street No. _____	(d) Street No. _____
(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)			

3. Full name of child <u>J. Roman Cousar</u> If child not yet named, leave blank		
4. Sex: <u>male</u>	5. Twin or triplet _____ If so—born 1st 2d, or 3d _____	6. Number months of pregnancy <u>9</u>
		7. Date of birth <u>April 9, 1946</u> (Month) (Day) (Year)

FATHER OF CHILD		MOTHER OF CHILD	
8. Full name <u>Robert Cousar</u>	14. Full maiden name <u>Malissa Fulton</u>	15. Color or race <u>Col.</u>	16. Age at time of this birth <u>30</u> yrs.
9. Color or race <u>Col.</u>	10. Age at time of this birth <u>34</u> yrs.	17. Birthplace <u>Charleston Co.</u> (City, town, or County) (State or foreign country)	18. Usual occupation <u>House wife</u>
11. Birthplace <u>Charleston Co.</u> (City, town, or County) (State or foreign country)	12. Usual occupation <u>Farming & mill work</u>	19. Industry or business _____	
13. Industry or business _____			

20. Children born to this mother: <u>15</u>	21. Mother's mailing address for registration notice: <u>Box 252 Mayer'sville S.C.</u>
(a) How many other children of this mother are now living? <u>2</u>	
(b) How many other children were born alive but are now dead? <u>2</u>	
(c) How many children were born dead? _____	

22. Were drops put in baby's eyes? <u>no</u> (Yes or no)	24. Congenital deformities? _____ If yes, describe (Yes or no) <u>no</u>
Exact time _____ (Name of prophylactic)	25. Birth injury? <u>no</u> If yes, describe (Yes or no)
23. Was prenatal blood test for syphilis made? <u>no</u> (Yes or no)	26. Weight at birth _____ lbs. _____ oz.
Date of test _____ (Name of laboratory)	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at Manning, S.C. on the date above stated.
(Signed) Malissa Cousar mother, Parent

Give name added from a supplementary report _____ (Date of) _____
or _____ Guardian

Address Box 252 Mayer'sville S.C.
Filed 1-5, 1949 Thos. F. Lesesne
Local Registrar aih

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

State Registrar