

62355-49979  
Dec. 20, 1948

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# STANDARD CERTIFICATE OF LIVE BIRTH

Registration Dist. No. 1313

Division of Vital Statistics—State Board of Health  
State of South Carolina

Registrar's No.

State File No.

<b>1. PLACE OF BIRTH</b> (a) County <u>Charleston</u> (b) City or town <u>Manning</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution (If not in hospital or institution, give street number or location) (d) Mother's stay before delivery: In hospital or institution..... In this community..... (Specify whether years, months, or days)		<b>2. USUAL RESIDENCE OF MOTHER</b> (a) State <u>South Carolina</u> (b) County <u>Sumter</u> (c) City or town <u>Mayeresville</u> (If outside city or town limits, write RURAL) (d) Street No. .... (If rural, give location)	
<b>3. Full name of child</b> <u>J. Thomas Cousar</u>		If child not yet named, leave blank	
<b>4. Sex:</b> <u>male</u>	<b>5. Twin or triplet</b> If so—born 1st 2d, or 3d	<b>6. Number months of pregnancy</b> <u>9</u>	<b>7. Date of birth</b> <u>April 9, 1946</u> (Month) (Day) (Year)
<b>FATHER OF CHILD</b> 8. Full name <u>Robert Cousar</u> 9. Color or race <u>Col.</u> 10. Age at time of this birth <u>34</u> yrs. 11. Birthplace <u>Charleston, S.C.</u> (City, town, or County) (State or foreign country) 12. Usual occupation <u>Farming &amp; mill work</u> 13. Industry or business		<b>MOTHER OF CHILD</b> 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. 17. Birthplace <u>Charleston, S.C.</u> (City, town, or County) (State or foreign country) 18. Usual occupation <u>House wife</u> 19. Industry or business	
<b>20. Children born to this mother:</b> <u>10</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?		<b>21. Mother's mailing address for registration notice:</b> <u>Box 252 Mayeresville S.C.</u>	
<b>22. Were drops put in baby's eyes?</b> <u>no</u> (Yes or no) Exact time ..... (Name of physician)		<b>24. Congenital deformities?</b> ..... If yes, describe (Yes or no) <u>no</u>	
<b>23. Was prenatal blood test for syphilis made?</b> <u>no</u> (Yes or no) Date of test ..... (Name of laboratory)		<b>25. Birth injury?</b> <u>no</u> ..... If yes, describe (Yes or no)	
		<b>26. Weight at birth</b> ..... lbs. .... oz.	

## 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.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. }

Give name added from  
a supplementary report.....  
(Date of)

(Signed) Malissa Cousar mother, Parent

or ..... Guardian

Address Box 252 Mayeresville S.C.

Filed 1-5, 19 49 Thos. R. Lesesne  
Local Registrar

State Registrar

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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