

NOTE: THIS IS A PERMANENT RECORD. IF THE CHILD IS A TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Aiken

Township of Irigoien

City of Irigoien

Registration District No. 2-5

Registered No. 5

(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 Cousche

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3, 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. Alfred Cousche</u>	(14) NAME BEFORE MARRIAGE <u>Belle Ethel Cousche</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Irigoien S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Irigoien S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Irigoien S.C.</u>	(18) OCCUPATION <u>Clark Turnstone S.C.</u>	(18) BIRTHPLACE <u>Irigoien S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. L. Pearson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Irigoien 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 Jan 20 1923 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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