

Form No. 1

(1) PLACE OF BIRTH

County of Lexington

Township of Lexington

or

Inc. Town of

or

City of

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

46860

Registration District No. 3114 Registered No. 31

(For use of Local Registrar)

(2) Full Name of Child. Carrie L. Rouse

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 1 20 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm. J. Rouse

(14) NAME BEFORE MARRIAGE Ed. Rouse

(9) PRESENT POSTOFFICE OF FATHER Lexington

(15) PRESENT POSTOFFICE OF MOTHER Lexington

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Pa.

(18) BIRTHPLACE Pa.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. S. Rouse

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lexington, 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 1-15-1916 (28) P. S. Rouse 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia

MAILED FEBRUARY 20 1916  
STATE-PAID. WITH PAYMENT ATTACHED IS A PREPAID POSTAGE  
STAMP AND A COUPON FOR THE RETURN OF THE STAMP AND COUPON TO THE POSTAGE DEPARTMENT