

Form No. 3

## (1) PLACE OF BIRTH

County of Spencer  
 Township of Spencer  
 of  
 Inc. Town of .....  
 of  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5350

Registration District No. 4107 Registered No. 21  
 (For use of Local Registrar)

## (2) Full Name of Child

Lothie Bell Couser (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb 6 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Couser

(9) PRESENT POSTOFFICE OF FATHER

Shiloh, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

33  
(Years)

(12) BIRTHPLACE

Spencer Co

(13) OCCUPATION

Farming

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Wren Couser

(15) PRESENT POSTOFFICE OF MOTHER

Shiloh, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28  
(Years)

(18) BIRTHPLACE

Spencer Co

(19) OCCUPATION

Housework

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 10:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Margaret McNight

(23) State whether Physician or Midwife

(24) Signature of Physician or Midwife

Midwife Shiloh, S.C.

(25) Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "stillborn")

(27) Filed 2-17 1923S. B. McQueen  
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.

MARRIAGE REGISTRATION FROM MARRIAGE. WITH PLAINLY WRITTEN INDICATIONS IN 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 2. See also columns, columns, 3, 4.