

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of S. James CentreOR
Inc. Town of McClallanvilleOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41385

Registration District No. 9.06... Registered No. 103
(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 Emma Rouse { 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 event of Twins or Triplets (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Rouse(9) PRESENT POSTOFFICE OF FATHER McClallanville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Charleston S.(13) OCCUPATION Day Labor(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Bly(15) PRESENT POSTOFFICE OF MOTHER McClallanville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Charleston S.(19) OCCUPATION Day Labor(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary S. S. S.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClallanville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 29, 1922 (28) Charles Beckman
Registrar 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.