

(1) PLACE OF BIRTH

County of SpartanburgTownship of Darlingtonor
Inc. Town of or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41953

Registration District No. 1.3.21 Registered No. 15

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child David M. Rouse Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David M. Rouse(9) PRESENT POSTOFFICE OF FATHER Darlington S.C. R78(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Rhoads(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. R78(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. E. Rouse

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191...

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 19, 1923 (28) C. E. 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.

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