

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH *Cherryfield* **CERTIFICATE OF BIRTH**
 County of **STATE OF SOUTH CAROLINA.**
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76301

Township of

or
 Inc. Town of
 or

Registration District No. *12a*

Registered No. *TV*
 (For use of Local Registrar)

City of (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 *Ruth Rouse* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept. 12, 1916*

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Colvin Rouse*(9) PRESENT POSTOFFICE OF FATHER *Cherow S.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *Christon N.C.*(13) OCCUPATION *Laborer Lowville*(20) Number of children born to mother, including present birth { *4* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Paula Humphrey*(15) PRESENT POSTOFFICE OF MOTHER *Cherow S.C.*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *Worlboro S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth { *4* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Magie Green*

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

Midwife *Cherow S.C.*

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 *Sept 24* 1916 (28) *E. W. Manaker Jr.* 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.