

## (1) PLACE OF BIRTH

County of *Sanford*Township of *Big Pine*or Inc. Town of *Alon*City of *Alon*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *401*

File No. — For State Registrar Only

*274*

Registered No. ....

(For use of Local Registrar)

## (2) Full Name of Child

*Max W. R. R.*

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

(3) BOY OR GIRL

*Boy*

(4) Twin or Triplet?

*No*

(5) Number in order of birth

*1st*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Jan. 14, 1922*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

*H. A. Rouse*

(9) PRESENT POSTOFFICE OF FATHER

*Alon S. R. R.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*40*

(12) BIRTHPLACE

*Sanford Co. S. C.*

(13) OCCUPATION

*Farmer*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Annabel Peyton*

(15) PRESENT POSTOFFICE OF MOTHER

*Alon S. R. R.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*37*

(18) BIRTHPLACE

*Sanford Co. S. C.*

(19) OCCUPATION

*Housewife*

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

*7*

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

*6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alon* at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*L. C. Haddock*

(24) State whether Physician or Midwife

*Physician or Midwife*

(25) Address of Physician or Midwife

*Alon S. R. R.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Feb. 10, 1922**1922*(28) *J. E. Bennett*

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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MADE BY COLUMBIA, COLUMBIA, S. C.