

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.

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town ofor
City of Asheley SC

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

(2) Full Name of Child

No name

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 6 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

James William Rouse

(9) PRESENT POSTOFFICE OF FATHER

Asheley SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

NC.

(13) OCCUPATION

mill hand

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

5

MOTHER

(14) NAME BEFORE MARRIAGE

Miss Virginia Condry

(15) PRESENT POSTOFFICE OF MOTHER

Asheley SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

NC.

(19) OCCUPATION

mill hand

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White 340 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. McCarroll

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Asheley SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Oct. 2, 1922

(28)

E. J. Nyatt

Local Registrar

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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31786

Registration District No. 37-aRegistered No. 141
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

No name

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 6 1922

(Name of Month) (Day) (Year)

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