

SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of Martin  
OR  
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  
**40868**

Registration District No. 30.9 Registered No. 7.0  
(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 Baby Cousa 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 17 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Cousa  
(9) PRESENT POSTOFFICE OF FATHER Anderson R#8  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Anderson Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Paul  
(15) PRESENT POSTOFFICE OF MOTHER Anderson R#8  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Anderson Co  
(19) OCCUPATION House wife  
(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 12.30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Michael M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 8 1923 (28) R. P. R. Thomas 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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