

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3218

9A

Registration District No.

Registered No. 306

(For use of Local Registrar)

(2) Full Name of Child Clara Reynolds Rouse

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

(1) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet? To be answered only in event of twins or triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 7 1913</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Ired Rouse</u>			(14) NAME BEFORE MARRIAGE <u>Katherine Coleman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>10 S. ... C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>10 Westport Court Charleston S.C.</u>	
(10) COLOR OR RACE <u>neg</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>W. Pleasant S.C.</u>			(18) BIRTHPLACE <u>W. Pleasant S.C.</u>	
(13) OCCUPATION <u>laborer</u>			(19) OCCUPATION <u>Homemaker</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:17 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. F. ...

(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 22 is signed by mark)

(27) Filed 2/9 1913 (28) W. F. ... 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.

Registrar

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