

## (1) PLACE OF BIRTH

County of GreenvilleTownship of U. S. S.or  
Inc. Town of .....or  
City of Greenville

(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 HealthRegistration District No. 2201B Registered No. 24683 272

(For use of Local Registrar)

(No. 1214 Hampton Ave. Ext. Word)(2) Full Name of Child Thomas G. Rousselle If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL(4) Twin  
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married

(7) DATE OF

BIRTH Apr 5 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 9 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-  
al report)

(26) Witness

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

(27) Subscribed

1923

(28) Thos. S. McPherson  
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.If a child breathes even once, it must not be reported as stillborn.  
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