

(1) PLACE OF BIRTH

County of LancasterTownship of Bufiledor
Inc. Town ofor
City of

(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

43137

Registration District No. 286 Registered No. 82
(For use of Local Registrar)(2) Full Name of Child Rouel If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in case of twins or triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9.24.22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Rouel(9) PRESENT POSTOFFICE OF FATHER Lancaster(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Thompson(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) D. M. Hinson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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

(27) Filed Jan 3. 1923 (28) A. M. Hinson 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.