

## (1) PLACE OF BIRTH

County of LimestoneTownship of LittletonOR  
Inc. Town of LeevilleOR  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3/07

File No.—For State Registrar Only

43515

Registered No. 90  
(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 Earnest Rogers Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct. 16, 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Earnest Rogers(9) PRESENT POSTOFFICE OF FATHER Leeville, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE Saluda County(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ananda Ramage(15) PRESENT POSTOFFICE OF MOTHER Leeville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Saluda County(19) OCCUPATION Housewife(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 born at 12 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Better Wise (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leeville, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) P. O. Shales 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.