

(1) PLACE OF BIRTH

County of Garland
 Township of 1/4
 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

16791

Registration District No. 4008Registered No. 113
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benj L. Rogers(9) PRESENT POSTOFFICE OF FATHER Rochester Rd(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel W. Murry(15) PRESENT POSTOFFICE OF MOTHER Rochester Rd(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12¹⁵ M.,
 on the date above stated. (Hour) (M. or P.M.)

(23) (Signature) J. W. Allen

(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 May 15, 1922(28) C. F. Parker

(29) Local Registrar

(30) 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.