

## (1) PLACE OF BIRTH

County of *Spurdenburg*Township of *P. d. d. illa.*

or

Inc. Town of

or

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

74797

Registration District No. *4007*Registered No. *96*

(For use of Local Registrar)

(2) Full Name of Child. *Marie Estelle Rogers*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth *1*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug. 2*

(Name of Month) (Day)

191-*6* (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *21*

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth *1*

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 *alive* at *2* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *D. Leonard M.D.*

(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 *1916*

(28)

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.