

STATEMENT REQUIRED FOR BIDDING.
 WHITE PLAINLY, WITH UNPAID ENDS—FILL IN A NECESSARY REPORT.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, this circle, No. 2, etc., in question 5.
 DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
 Township of Marion
 or
 Inc. Town of
 or
 City of Marion
 (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
39349

Registration District No. 39A Registered No. 117
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 22 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Eli Victor Rogers</u>			(14) NAME BEFORE MARRIAGE <u>Virginia Lee Blanton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Marion, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marion, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Marion, S.C.</u>			(18) BIRTHPLACE <u>Marion, S.C.</u>	
(13) OCCUPATION <u>R.R. Coach Foreman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
[Signature]

(24) State whether Physician or Midwife
Physician

(25) Address of Physician or Midwife
Marion, 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 Dec 10 22 (28) Local Registrar
[Signature]

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.