(1) PLACE OF BIRTH

County of Spartanburg

Township of " or 4

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
16805

Registration District No. 4008. Registered No. 139
(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 Rogers {If child is not yet named, make supplemental report as directed

(3) Sex GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth 5	(6) Are Parents Married? yes	(7) DATE OF BIRTH May 15 (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME C. M. Rogers.

(9) PRESENT POSTOFFICE OF FATHER Drayton S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Spty Co. S.C.

(13) OCCUPATION Textile Mill.

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE May Wallace

(15) PRESENT POSTOFFICE OF MOTHER Drayton S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION at Home

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) A. R. Fike

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 25 1922 (28) C. T. Parker 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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