

(1) PLACE OF BIRTH

County of Lancaster
Township of Dial
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. - For State Register Only

43277

Registration District No. 294

Registered No. 150
(For use of Local Registry)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Walter Rodger

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

(3) BOY OR GIRL BOY (4) Twin or Triplet? > (5) Number in order of birth 3 (6) Age Yes (7) DATE OF BIRTH Dec 22
To be answered only in event of Twins or Triplets: (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Levir Rodger
(9) PRESENT POSTOFFICE OF FATHER Gray Court SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth: 3

MOTHER

(14) NAME BEFORE MARRIAGE Anna Gray
(15) PRESENT POSTOFFICE OF MOTHER Gray Court SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(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 on the date above stated: (Was alive or stillborn) (Hour A. M. or P. M.)

(23) Signature of Physician or Midwife R. B. Stewart

Signature of Witness necessary only when question 23 is signed by parent
W. C. Miller
If as child is not yet named, supplemental report as directed