

Form No. 3

(1) PLACE OF BIRTH

County of Dorchester
Township of Roger
OF
Inc. Town of
OF
City of

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

File No. — For State Registrar Only
42188

Registration District No. 1705

Registered No. 81
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

Emeline Roger

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

(3) SEX OF CHILD
Girl

(4) Twin or Triplet?
No

(5) Number in order of birth
1

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH Dec 27th
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gabe Roger

(9) PRESENT POSTOFFICE OF FATHER Reverville

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE NC.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Green

(15) PRESENT POSTOFFICE OF MOTHER Reverville NC.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE NC.

(19) OCCUPATION Housewife

(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 Born alive at 1 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gabe Roger
(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

Father of Child Reverville NC.

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

(27) Filed Dec 30th 1922 (28) E. C. Eberhardt
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
DEPT. OF COLUMBIA, COLUMBIA, S. C.