

## (1) PLACE OF BIRTH

County of Williamston  
 Township of Jackson  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

34143

Registration District No. 4204 Registered No. 512  
 (For use of Local Registrar)

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

(2) Full Name of Child Charles William Rogers If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1st (6) Age at last birthday 34 (7) DATE OF BIRTH July 20, 23  
 To be answered only in case of Twin or Triplet

## FATHER.

(8) FULL NAME Mr. Elbert Hagar Rogers  
 (9) PRESENT POSTOFFICE OF FATHER Hemingway S. C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) FULL NAME Miss Lena Almond  
 (15) PRESENT POSTOFFICE OF MOTHER Hemingway S. C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39  
 (18) BIRTHPLACE Ga.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 on the date above stated. (Hour A. M. or P. M.) 12:30

(23) (Signature) J. L. Carter  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hemingway S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Aug. 1, 1923 (28) L. H. Carter 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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