

Form No. 6
 M. H.—In case of TWINS OR TRIPLETS use a SEPARATE FILE FOR EACH CHILD, and mark the
 MARGIN DESIGNATED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—WHEN IN A VOLUNTARY REPORT, and mark the
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(1) PLACE OF BIRTH

County of Portland
 Township of Portland
 or
 Inc. Town of
 or
 City of Clinton (No. St.; Ward)
 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

32375

Registration District No. 4008 Registered No. 283
 (For use of Local Registrar)

(2) Full Name of Child Wesley J. Rogers

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

3) BOY OR GIRL Boy 4) Twin or Triplet? X 5) Number in order of birth X 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 5 1922
 (Man of Month) (Day) (Year)

FATHER.

8) FULL NAME W. Rogers
 9) PRESENT POSTOFFICE OF FATHER Clinton
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 33
 12) BIRTHPLACE Clinton
 13) OCCUPATION Lab Work
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Clara Brown
 15) PRESENT POSTOFFICE OF MOTHER Clinton
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 21
 18) BIRTHPLACE Clinton
 19) OCCUPATION House Wife
 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 5 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 Clinton

Given name added from a supplemental report

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

(27) Filed Sept. 10, 1922 (28) Mrs. C. F. 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.