

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

File No.—For State Register  
**28280**

County of *Charleston*  
 Township of *Charleston*  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... Street ..... Ward)  
 (If birth occurs in a hospital or institution, give name of same instead of street and number.)

Registration District No. *8104*

Registered No. ....  
 (For use of Local Registrar)

**(2) Full Name of Child** *Albert J. Rogers*

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

(a) BOY OR  
GIRL: *Boy* (b) Twin  
or Triplet: *1* (c) Number in  
order of birth  
*To be answered only in event of Twins or Triplets.*

(d) Are  
Parents  
Married? *Yes* (e) DATE OF  
BIRTH: *Sept 10, 1948*  
(Month, Day, Year)

**FATHER.**

(1) FULL  
NAME: *James E. Rogers*  
 (2) PRESENT  
POSTOFFICE  
OF FATHER: *Tyronsville S.C.*  
 (3) COLOR  
OR  
RACE: *Black* (4) AGE AT LAST  
BIRTHDAY: *45*  
 (5) BIRTHPLACE: *Charleston S.C.*  
 (6) OCCUPATION: *Drucker*

(7) Number of children born to  
mother, including present birth: *10*

**MOTHER.**

(8) NAME BEFORE  
MARRIAGE: *Jannie Williams*  
 (9) PRESENT  
POSTOFFICE  
OF MOTHER: *Tyronsville S.C.*  
 (10) COLOR  
OR  
RACE: *Black* (11) AGE AT LAST  
BIRTHDAY: *40*  
 (12) BIRTHPLACE: *Charleston S.C.*  
 (13) OCCUPATION: *Drucker*

(14) 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 .. *Alive* ... and ... M.,  
on the date above stated.  
*Sept 10, 1948* (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *E. Rogers, Jr.* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife  
*Charleston, S.C. Box 42*

Given name added from a supplemen-  
tal report

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

19  
Registrar

(27) Filed: *Sept 10, 1948* (28) Local Registrar: *C. Hill*

\*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.

\*\* When delivery was by cesarean, give name of surgeon on certificate of birth.  
 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.