

Form No. 1

(1) PLACE OF BIRTH

County of GeorgetownTownship of SixInc. Town of orCity of or

(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

64412

Registration District No. 2105 Registered No. 32

(For use of Local Registrar)

2. Full Name of Child Willie Rogers

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 5-6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Rogers</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Gray</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dan's S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Georgetown C.S.C.</u>			(18) BIRTHPLACE <u>Georgetown C.S.C.</u>	
(13) OCCUPATION <u>Low Mill Hand</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bina R. P.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Dutland S.C.

Given name added from a supplemental report

(26) Witness E. R. Williams

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

(27) Filed June 6, 1916 (28) J. L. McCracken 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.

STATION RECORDED FOR INDEXING.

WHEN PLAINLY, WITH ENCLAVING INC. - THIS IS A PERMANENT, GREEN CARBON.

N. B. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and attach the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 2.

McCrack, of Columbia.