

(1) PLACE OF BIRTH

County of Lee  
 Township of Lonia  
 or  
 Inc. Town of .....  
 or  
 City of ..... (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  
90727

Registration District No. 3005 Registered No. 140  
 (For use of Local Registrar)

(2) Full Name of Child Earnest Woodrow Rodgers child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME H. G. Rodgers

(9) PRESENT POSTOFFICE OF FATHER Camden, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Kelsey Branham

(15) PRESENT POSTOFFICE OF MOTHER Camden, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE S.C.

(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 Alive at 1:10 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L. D. Foxworth  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Camden S.C.

Given name added from a supplemental report  
 ....., 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
S. J. Corlett  
 Local Registrar.

(27) Filed Dec. 13, 1916 (28) .....

\*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.

MARGIN RESERVED FOR BINDING. THESE PLACES, WITH DEPARTING LINE—THIS IS A PERMANENT RECORD. IN THE 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. DIVISION OF COLUMBIA