

(1) PLACE OF BIRTH

County of Gettysburg
 Township of Reidville
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

Registration District No. 100/37732Registered No. 310
(For use of Local Registrar)

(No. St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Is Person Married yes (7) DATE OF BIRTH Oct 24 23
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Joe Rogers (14) NAME BEFORE MARRIAGE Mildred Bidwell
 (9) PRESENT POSTOFFICE OF FATHER Moore S.C. R. 1 (15) PRESENT POSTOFFICE OF MOTHER Moore S.C. R. 1
 (16) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Farming (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 1 (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 7 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. G. Wright M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Jacksonville

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Nov 14 1923

(28) 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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